

MATERIAL REVIEWED AT CIA HEADQUARTERS BY  
HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

FILE TITLE/NUMBER/VOLUME: HARVEY, WILLIAM R.  
O.P. FILE

INCLUSIVE DATES: \_\_\_\_\_

CUSTODIAL UNIT/LOCATION: \_\_\_\_\_

ROOM: \_\_\_\_\_

DELETIONS, IF ANY: PERSONAL & UNRELATED TIME PERIOD  
MATERIAL

DATE RECEIVED	DATE RETURNED	REVIEWED BY (PRINT NAME)	SIGNATURE OF REVIEWING OFFICIAL
15 AUG 75 <i>TO CIA</i>		DAN HARDWAY	<i>Hardway</i>

NO DOCUMENTS MAY BE COPIED OR REMOVED FROM THIS FILE

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 HOUSE SELECT COMMITTEE ON ASSASSINATIONS STAFF MEMBERS

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OP FILE

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15 AUG 74		DAN HARDWAY	<i>Dan Hardway</i>

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NEW YORK TIMES  
24 JUNE 1976

## W. Harvey, C.I.A. Aide, Dead; Linked to Anti-Castro Plotting

William K. Harvey, reportedly the head of a special Central Intelligence Agency group set up in the 1960's to plan the removal of foreign leaders by means including assassination, died of a heart attack last Wednesday in an Indianapolis hospital.

Mr. Harvey, who was 60 years old, was said to have been in charge of the agency's efforts against Prime Minister Fidel Castro of Cuba. He was among 10 agents whose identities were disclosed by the Senate Select Committee on Intelligence after an investigation in 1975 of alleged assassination plots by the United States.

William E. Colby, then Director of Central Intelligence, had argued that disclosure of the names of agents would put them in jeopardy of retaliation by "irrational groups."

Mr. Harvey testified before the Senate committee that he had been told by superiors that the Castro assassination plot had been approved at the highest levels of the government, and that he had discussed the efforts with his immediate superior, Richard Helms, who later became director of the agency.

Mr. Harvey moved to Indianapolis in 1969 after retiring from the agency, where he had worked for 22 years. He worked for the Federal Bureau of Investigation from 1940 to 1947.

At the time of his death, Mr. Harvey was law editor for Bobbs-Merrill Publishing Company.

He was buried Saturday at South Cemetery in Danville, just west of Indianapolis. He is survived by his wife, Clara Grace, a daughter, Sally, and a son, James D. Harvey.

68-134

13 FEB 1968

Mr. William King Harvey  
23 West Irving Street  
Chevy Chase, Maryland 20015

Dear Bill:

I am sorry that due to a busy schedule and my absence for several days during the Christmas holidays I didn't have an opportunity to see you prior to your retirement at the end of the year.

Red White has told me of his visit with you, and I am particularly appreciative of your expression of continued loyalty to the Agency and your offer to be of assistance should an appropriate occasion arise.

I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

/s/ Richard Helms

Richard Helms  
Director

OP/BSR/RB/MJRoper:jsc

Rewritten:ExDir:sbo

Distribution:

- 0 - Adse
- 1 - ER
- 1 - C/EAB/OS
- 1 - D/Pers
- ~~1 - OPF~~
- 1 - RB

(Concurred in by C/EAB/OS on 8 Jan 68)

NOTE: Covert correspondence

Mr. William King Harvey  
28 West Irving Street  
Chevy Chase, Maryland 20915

Dear Bill:

As you reach the end of your active career of Government service, I want to join your friends and colleagues in wishing you continued success and satisfaction in your retirement.

You have been privileged to face the challenge of important responsibilities during your more than twenty-six years of service to your country. The success with which you have met them should be a source of lasting pride and satisfaction to you.

May I extend to you, personally and officially, my sincere appreciation for the important work you have done and my warmest hopes that you will find full enjoyment in the years ahead.

Sincerely,

Richard L. Evans  
Director

Distribution:

0 - Addressee  
1 - EDCI  
1 - ER  
1 - C/EAB/CS  
1 - E/Pers  
1 - OPP  
1 - RB  
1 - RB Reader

Originator:

Director of Personnel

Concur:

C/EAB/CS

GP/BSD/RE/MINoper:jac (26 December 1967)

**\*\*NOTE: Covert correspondence.**

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED							
1 SERIAL NUMBER 051164				2 NAME (Last-First-Middle) HARVEY, William K.							
3 NATURE OF PERSONNEL ACTION Retirement - CIA Retirement System (Voluntary) AND DISABILITY			4 EFFECTIVE DATE REQUESTED MONTH: 12 DAY: 31 YEAR: 67		5 CATEGORY OF EMPLOYMENT Regular						
6 FUNDS V TO V C TO V		7 FINANCIAL ANALYSIS NO CHARGEABLE 8136-1186		8 LEGAL AUTHORITY (Completed by Office of Personnel) 15-23-643 Sec. 233							
9 ORGANIZATIONAL DESIGNATIONS DDP/EUR Development Complement			10 LOCATION OF OFFICIAL STATION Wash., D. C.								
11 POSITION TITLE Ops Officer			12 POSITION NUMBER 9997		13 CAREER SERVICE DESIGNATION D						
14 CLASSIFICATION SCHEDULE (GX I.B. etc.) GS		15 OCCUPATIONAL SERIES 0135.01		16 GRADE AND STEP 18 1							
17 SALARY OR RATE \$ 27055											
18 REMARKS Mr. Harvey is not recommended for the Agency Reserve List.  <i>Revised by Mike Roper, R.B. by telecon 12/29/67.</i>											
18A SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER						
DATE SIGNED											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19 ACTION CODE 45	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC		22 STATION CODE	23 INTEGREE CODE	24 HOOURS CODE 1	25 DATE OF BIRTH MO. DA. YR. 09/13/16		26 DATE OF GRADE MO. DA. YR.	27 DATE OF LEI MO. DA. YR.	
28 RATE EXPIRES MO. DA. YR.		29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-ESC 2-FICA 3-NONE		31 SEPARATION DATA CODE	32 CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33 SECURITY REQ NO.		34 SEX	
35 VET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36 SERV COMP DATE MO. DA. YR.		37 LONG COMP DATE MO. DA. YR.		38 CAREER CATEGORY CODE NO. TAX EXEMPTIONS		39 FEGLI HEALTH INSURANCE CODE 0-WAIVER 1-YES		40 SOCIAL SECURITY NO.	
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)			42 LEAVE CAT. CODE		43 FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EXEMPTIONS			44 STATE TAX DATA FORM EXECUTED CODE NO. TAX STATE CODE			
45 POSITION CONTROL CERTIFICATION 1-7-68 11.20.				46 OP APPROVAL <i>[Signature]</i>				DATE APPROVED 28 DEC 1967			

*[Handwritten initials]*

SECRET

13 DEC

Executive Registry  
21-1808

MEMORANDUM FOR: Director of Central Intelligence

SUBJECT : Request for Voluntary Retirement -  
William K. Harvey

1. This memorandum submits a recommendation for your approval; this recommendation is contained in paragraph 4.

2. Mr. William K. Harvey, GS-15, Operations Officer, European Division, Clandestine Services, has applied for voluntary retirement under the provisions of Headquarters Regulation 20-50j, to be effective 30 December 1967.

3. Mr. Harvey has been designated a participant in the CIA Retirement and Disability System and meets the technical requirements for voluntary retirement under the System. He is 52 years old with over 26 years of Federal Service. This service includes over 20 years with the Agency of which more than 9 years were in qualifying service overseas. The CIA Retirement Board has recommended that his application for voluntary retirement be approved. I endorse this recommendation.

4. It is recommended that you approve the voluntary retirement of Mr. William K. Harvey under the provisions of Headquarters Regulation 20-50j.

NOV 20 1967  
COMMUNICATIONS SECTION

Emmett D. Echols  
Director of Personnel

The recommendation contained in paragraph 4 is approved:

167 Richard Helms  
Director of Central Intelligence

15 DEC 1967  
Date

SECRET

SECRET

SECRET

**Distribution:**

- 0 - Return to D/Pers **C13 3 25 PM '67**
- 1 - DDCI
- 1 - ER
- 1 - D/Pers
- 1 - OPF
- 1 - RB Soft (file (w/hold))
- 1 - RB Reader

**OP/FSD/RE/MJRoper:tlh (7 December 1967)**  
**Retyped: OP/FSD/BDeFelice:jss (11 December 1967)**

TO: [Illegible]

FROM: [Illegible]

SUBJECT: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

26. [Illegible]

27. [Illegible]

28. [Illegible]

29. [Illegible]

30. [Illegible]

31. [Illegible]

32. [Illegible]

33. [Illegible]

34. [Illegible]

35. [Illegible]

36. [Illegible]

37. [Illegible]

38. [Illegible]

39. [Illegible]

40. [Illegible]

41. [Illegible]

42. [Illegible]

43. [Illegible]

44. [Illegible]

45. [Illegible]

46. [Illegible]

47. [Illegible]

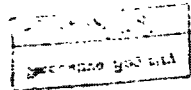
48. [Illegible]

49. [Illegible]

50. [Illegible]

Dec 16 10 18 AM '67

SECRET





*Personal Information*

7:25 m m c  
not in

7-18

25,890

Op. officer

Conv. 2-25-67

EOD. 20 Sept 47

← 2:25. 6/25/47

- 10 -
- 12. not in
- 12.45 not in
- 1.15 not in
- 1.30 not in
- 2.00 not in

**SECRET**  
(WHEN FILLED IN)  
**STATEMENT of EARNINGS and DEDUCTIONS**

<b>NAME</b> HARVEY WILLIAM K	<b>EMPLOYEE NO.</b> 061164	<b>PAY PERIOD DATE</b> 04/09 05/06	<b>ROLL</b> 01	<b>COST CENTER</b> 1361186	<b>STA</b> 000
---------------------------------	-------------------------------	---------------------------------------	-------------------	-------------------------------	-------------------

CD	EARNINGS		DESCRIPTION
	NORMAL	OTHER	
01	199200		REG SAL

**NOTE:**  
THIS FORM IS ISSUED ONLY WHEN AN EMPLOYEE ENTERS ON DUTY OR THERE IS ANY CHANGE IN THE PAY ACCOUNT

CD	DEDUCTIONS		DESCRIPTION
	NORMAL	OTHER	
41	35014		F/TAX 1
53	1102		INS WEAPA
54	1000		INS FEGLI
57	750		INS URLIC
61	1374		0820 WOSP 2
75	12948		AGY RET

ADDITIONAL COMPENSATION DATA							REFUND DUE FROM EMPLOYEE			NET PAY		
PP	OT/HRS	HT/HRS	ND/HRS	RATE	O/T-HT AMT	N/D AMOUNT	CD	NORMAL	OTHER	CD	NORMAL	OTHER
										99	147012	

REMARKS:

PAID AT HQS.

147012

SECRET  
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED			
1. SERIAL NUMBER 061164						27 February 1967			
2. NAME (Last-First-Middle) HARVEY, WILLIAM K									
3. NATURE OF PERSONNEL ACTION CONVERSION FROM <input type="checkbox"/> STATUS				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 02 25 67		5. CATEGORY OF EMPLOYMENT REGULAR			
6. FUNDS V TO V <input type="checkbox"/> Y TO CF <input type="checkbox"/> CF TO V <input checked="" type="checkbox"/> CF TO CF <input type="checkbox"/>				7. FINANCIAL ANALYSIS NO CHARGEABLE 7136-1186 7136-1267		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR FOREIGN FIELD <i>Dev Conf</i> SOUTHERN REGION STATION OFFICE OF THE CHIEF (UNASSIGNED)				10. LOCATION OF OFFICIAL STATION <i>Wash, D.C.</i>					
11. POSITION TITLE <i>Chief of Station</i> CHIEF OF STATION				12. POSITION NUMBER 4997 0000		13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (G.S. LB, etc.) GS		15. OCCUPATIONAL SERIES 0136-01 0136-05		16. GRADE AND STEP 18-1		17. SALARY OR RATE \$ 25,890			
18. REMARKS  <i>Other</i>  cc payroll									
19A. SIGNATURE OF REQUESTING OFFICIAL			DATE SIGNED		19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED		
					<i>Russ Lang</i>		<i>2/26/67</i>		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH MO. DA YR	26. DATE OF GRADE MO. DA. YR	27. DATE OF LEI MO. DA. YR.
<i>55</i>		<i>4499A</i>		<i>3213</i>		<i>1</i>	<i>09/13/16</i>		
28. NTE EXPIRES MO. DA. YR		29. SPECIAL REFERENCE	30. RETIREMENT DATA 1-ESC 2-FICA 3-NONE		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR		33. SECURITY REQ NO	34. SEX
						EOD DATA →			
35. YET PREFERENCE CODE 0-NONE 1-5 PT 2-10 PT		36. SERV COMP DATE MO. DA. YR	37. LONG COMP DATE MO. DA. YR.		38. CAREER CATEGORY CAR. RESV PROV. TEMP	39. FEGLI/HEALTH INSURANCE CODE CODE 0-WAIVER 1-YES		40. SOCIAL SECURITY NO	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)				42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED CODE NO TAX STATE CODE EXEMPT		
45. POSITION CONTROL CERTIFICATION <i>3-15-67</i> <i>mmw</i>					46. OP APPROVAL <i>Pat Bull</i>		DATE APPROVED <i>2/26/67</i>		

SECRET

(If Not Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>		DATE PREPARED 27 February 1967	
1. SERIAL NUMBER 061164		2. NAME (Last-First-Middle) HARVEY, WILLIAM K	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT		4. EFFECTIVE DATE REQUESTED 02 24 67	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS V TO V CF TO V		7. FINANCIAL ANALYSIS NO. CHARGEABLE 7130-1186	8. LEGAL AUTHORITY (Completed by Office of Personnel)
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR GS/CS DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.	
11. POSITION TITLE Int Secretary OPS OFFICER		12. POSITION NUMBER 9997	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 01-1	17. SALARY OR RATE \$ 24,224 24790 \$ 25,890
18. REMARKS From: DDP/EUR/FF/ Subject departed the Station 21 March 1966.  Other: cc security Security Requested Reassign. 3/15/67 \$ 6 3/16/67			
18A. SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED	18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER
		Personnel	R. J. B... 2/25/67
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE
32	K	44497 CIV 73-2	73-2
23. INTEGRAL CODE	24. HQ/RS CODE	25. DATE OF BIRTH	26. DATE OF GRADE
	1	09/13/16	
27. DATE OF LEI	28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA
			1-CSK 2-FIEB 3-NONE
31. SEPARATION DATA CODE	32. CORRECTION - CANCELLATION DATA	33. SECURITY REQ NO.	34. SER
	EOD DATA		
35. VET. PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY
0-NONE 1-5 PT 2-10 PT			48. BSW PROV TEMP
39. FEGLI HEALTH INSURABLE	40. SOCIAL SECURITY NO.	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT
0-WAIVER 1-YES		0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)	CODE
43. FEDERAL TAX DATA	44. STATE TAX DATA	45. POSITION CONTROL CERTIFICATION	46. OP APPROVAL
FORM EXECUTED 1-YES 2-NO	NO. TAX EXEMPTIONS	FORM EXECUTED 1-YES 2-NO	DATE APPROVED
		3-15-67	R. J. B... 2/25/67

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

Chief of Station,

Director of Personnel *A. J. ...*

WELLSGAGE - Notification of Designation as a Participant in the Organization Retirement and Disability System

Action: As indicated

R&F: Book Dispatch 5096 & OIRS - 7586

1. You have been found to be qualified as a participant in the Organization Retirement and Disability System and have been so designated effective 21 November 1965.

2. Although such designation under present statutes is viewed favorably by most persons, the regulation governing this retirement system gives the individual the right to appeal such a determination if he deems the designation adverse to his best interests. In order that this technical requirement may be satisfied, you are hereby notified of your right to appeal. An appeal with reasons therefore must be received in Headquarters within 60 days of the date of this dispatch or acceptance of designation will be assumed. Any questions that you may have in connection with your designation that cannot be answered by referring to Book Dispatch 5096 should be forwarded to Headquarters.

3. We believe that the benefits of the Organization Retirement System are superior to the benefits of the Civil Service Retirement System. However, there are a few situations in which an employee at the time of retirement may have so many years of service (almost 37) that he would receive a higher annuity under the Civil Service system. Because of this, the policy decision has been made that a participant in the Organization system who would receive a higher annuity under the Civil Service system may, not later than one year prior to his retirement, apply to be removed from our system and transferred to the Civil Service system. Thus, you should not anticipate this contingency as a factor in deciding whether you regard your designation as a participant adverse to your best interests.

21 DEC 1965

15 DEC 1965

OIRS - 7779

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED				
1 SERIAL NUMBER 061164				2 NAME (Last-First-Middle) HARVEY, WILLIAM K.				
3 NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM			4 EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 21 65		5 CATEGORY OF EMPLOYMENT REGULAR			
6 FUNDS V TO V CF TO V		7 COST CENTER, NO CHARGE-ABLE 6136-1267		8 LEGAL AUTHORITY (Cite Statute, Office of Personnel) PL 88-645 Sect. 203				
9 ORGANIZATIONAL DESIGNATIONS DDP/WE STATION OFFICE OF THE CHIEF				10 LOCATION OF OFFICIAL STATION				
11 POSITION TITLE FIRST SECRETARY CHIEF OF STATION			12 POSITION NUMBER 0262		13 CAREER SERVICE DESIGNATION D			
14 CLASSIFICATION SCHEDULE (GS, E.B., etc.) F3R GS		15 OCCUPATIONAL SERIES 0136-05		16 GRADE AND STEP 01 2 18 1		17 SALARY OR RATE 24,264 \$ 25,382		
18 REMARKS EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.  1 cc to OP/ESD/RB 1 cc to CCS 1 cc to Finance through CCS								
18A SIGNATURE OF REQUESTING OFFICIAL		DATE SIGNED 18 NOV 1965		18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED		
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL								
19 ACTION CODE 28	20 EMPLOY CODE 10	21 OFFICE CODING NUMERIC ALPHABETIC 50620 WE	22 STATION CODE 36533	23 INTEREST CODE	24 HDQTRS CODE 3	25 DATE OF BIRTH MO DA YR 09 13 16	26 DATE OF GRADE MO DA YR 05 17 59	27 DATE OF LEI MO DA YR 05 17 59
28 NTE EXPIRES MO DA YR	29 SPECIAL REFERENCE	30 RETIREMENT DATA 1-CE 2-FER 3-NONE CODE 2	31 SEPARATION DATA CODE	32 CORRECTION CANCELLATION DATA TYPE MO DA YR	EOD DATA			
35 VET PREFERENCE CODE 0-NONE 1-5 YR 2-10 YR	36 SERV COMP. DATE MO DA YR	37 LONG COMP. DATE MO DA YR	38 CAREER CATEGORY CODE CAR RES-A PRDY TEMP	39 FEGLI/HEALTH INSURANCE CODE B-WAIVER 1-YES	40 SOCIAL SECURITY NO			
41 PREVIOUS GOVERNMENT SERVICE DATA CODE 0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)		42 LEAVE CAT CODE	43 FEDERAL TAX DATA FORM EMPLOYED CODE 1-YES 2-NO		44 STATE TAX DATA FORM EMPLOYED CODE 1-YES 2-NO			
45 POSITION CONTROL CERTIFICATION			46 OP APPROVAL <i>[Signature]</i>			DATE APPROVED 18 NOV 65		

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED  
28 MARCH 1963

1. SERIAL NUMBER  
**061164**

2. NAME (Last-First-Middle)  
**HARVEY, WILLIAM K.**

3. NATURE OF PERSONNEL ACTION  
**REASSIGNMENT**

4. EFFECTIVE DATE REQUESTED  
MONTH: **6** DAY: **30** YEAR: **63**

5. CATEGORY OF EMPLOYMENT  
**REGULAR**

6. FUNDS  
V TO V  
V TO CF  
CF TO V  
CC  
CF TO CF

7. COST CENTER NO. CHARGE-ABLE  
**3136-6300-1014**

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS  
**DDP WE STATION OFFICE OF THE CHIEF**

10. LOCATION OF OFFICIAL STATION

11. **CHIEF OF STATION**

12. POSITION NUMBER  
**0262**

13. CAREER SERVICE DESIGNATION  
**D**

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)  
**GS**

15. OCCUPATIONAL SERIES  
**0136.01**

16. GRADE AND STEP  
**18 1**

17. SALARY OR RATE  
**20,000**

18. REMARKS  
**FROM: DDP BASE FORCE W/OFFICE OF THE CHIEF/0662. Tracy**  
**APPOINTMENT MEMO TO DCI SENT ON 27 MARCH 1963.**  
**259 SENT TO MEDICS ON 15 MARCH 1963. Security Approval Granted by P.O.S. 4/2/63**  
**REQUEST ALL NECESSARY CLEARANCES BE GRANTED PRIOR TO 1 JUNE 1963.**  
**COPIES SENT TO FINANCE AND SECURITY. CSPD reviewed 06/27/63**

DATE SIGNED  
**me**

189. SIGNATURE OF CAREER SERVICE APPROVING OFFICER  
**me**

DATE SIGNED  
**28 June 63**

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE  
**37**

20. EMPLOY CODE  
**10**

21. OFFICE CODES  
NUMERIC: **02430** ALPHABETIC: **10E**

22. STATION CODE  
**34533**

23. WEBSITE CODE  
**3**

24. DOB CODE  
**091316**

25. DATE OF BIRTH  
**09 13 16**

26. DATE OF DEATH

27. DATE OF LEI

28. NTE EXP REF

29. SPECIAL REFERENCE

30. SET-RENT DATA

31. SEPARATION DATA CODE

32. CORRECTION/CANCELLATION DATA

33. SECURITY REQ. NO.

34. SER

35. VET. PREFERENCE

36. SERV. COMP. DATE

37. LONG. COMP. DATE

38. CAREER CATEGORY

39. REG/HEALTH INSURANCE

40. SOCIAL SECURITY NO.

41. PREVIOUS GOVERNMENT SERVICE DATA

42. LEAVE CAT. CODE

43. FEDERAL TAX DATA

44. STATE TAX DATA

45. POSITION CONTROL CERTIFICATION  
**W. K. Harvey 06/27/63**

46. O.P. APPROVAL  
**B. L. Bond 06/27/63**

DATE APPROVED  
**06/27/63**



**SECRET**

CO/P 3-3-52

12 JUN 1963

ST/AS O 81 ML

Executive Registry  
13446

**MEMORANDUM FOR:** Deputy Director of Central Intelligence  
**VIA :** Deputy Director (Plans)  
**SUBJECT :** Appointment of Mr. William K. Harvey  
Chief of Station, [redacted]

1. This is to make a matter of written record the appointment of Mr. Harvey as Chief of Station, [redacted] effective on or about 30 June 1963. Mr. Harvey will replace Mr. Francis I. G. Coleman, who is scheduled to attend the next session of the National War College. Verbal approval was given by you and by the Director.

2. A biographic data sheet, including information regarding his Agency experience and training, is attached.

[redacted signature box]

Chief  
Western Europe Division

Attachment  
Biographic Profile (Part I)

CONCUR:

[Signature]  
Deputy Director (Plans)

12 JUN 1963  
(Date)

APPROVED:

[Signature]  
Deputy Director of Central Intelligence

20 Jun '63  
(Date)

12 JUN 1963

**SECRET**

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

CONFIDENTIAL

22 May 1963

Mr. William K. Harvey

Dear Bill,

I wish to express my real appreciation for the time you have devoted to Agent Panel affairs. Your operational experience and personal knowledge of many of the individual staff agents and career agents have provided a sound basis for your contributions to Panel decisions concerning their promotions and reassignments. I look forward to the time, after your overseas assignment, when we may have the pleasure of your service in a similar capacity.

Sincerely,

*W. Lloyd George*  
W. Lloyd George  
Chairman, CS Agent Panel

*Bill, may I add in  
my own hand and words  
real appreciation for your  
wisdom, objectivity and help*

*Lloyd*

CONFIDENTIAL

**SECRET**  
(When Filled In)

<b>REQUEST FOR PERSONNEL ACTION</b>						DATE PREPARED <b>24 August 1962</b>			
1. SERIAL NUMBER <b>861164 ✓</b>		2. NAME (Last-First-Middle) <b>HARVEY, WILLIAM E. ✓</b>							
3. NATURE OF PERSONNEL ACTION <b>Reassignment</b>				4. EFFECTIVE DATE REQUESTED MONTH: <b>6</b> DAY: <b>8</b> YEAR: <b>62</b>		5. CATEGORY OF EMPLOYMENT <b>Regular</b>			
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGE-ABLE <b>3132 - 1000 - 1000</b>			
		CF TO V		<b>X</b> CF TO CF		8. LEGAL AUTHORITY (Completed by Office of Personnel)			
9. ORGANIZATIONAL DESIGNATIONS <b>Task Force W Office of the Chief</b>				10. LOCATION OF OFFICIAL STATION <b>Washington, D.C.</b>					
11. POSITION TITLE <b>Ops Officer - CH</b> <i>skant to coord</i>				12. POSITION NUMBER <b>BA-662</b>		13. CAREER SERVICE DESIGNATION <b>D</b>			
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) <b>GS 16</b>		15. OCCUPATIONAL SERIES <b>0136.01</b>		16. GRADE AND STEP <b>18 1</b>		17. SALARY OR RATE <b>18500 ✓</b>			
18. REMARKS <b>PRA for the duration of Task Force W from FI staff tray 4</b>									
18A. SIGNATURE OF REQUESTING OFFICIAL <i>[Signature]</i> <b>Louis Armstrong</b>				DATE SIGNED <b>8/27/62</b>		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER <i>[Signature]</i>			
						DATE SIGNED <b>8/28/62</b>			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE <b>37</b>	20. EMPLOY CODE <b>10</b>	21. OFFICE CODING NUMERIC: <b>61100</b> ALPHABETIC: <b>TFW</b>		22. STATION CODE <b>75013</b>	23. INTEREST CODE	24. MONTHS <b>1</b>	25. DATE OF ENTRY <b>09.31.62</b>	26. DATE OF GRADE MO. DA. YR.	27. DATE OF LE MO. DA. YR.
28. RATE EXPIRES MO. DA. YR.		29. SPECIAL REFERENCE		30. RETIREMENT DATA 1 - YES 2 - PICA 3 - NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO. DA. YR.		33. SECURITY REQ. NO.	34. SER
35. RET. PREFERENCE 0 - NONE 1 - 5 YR. 2 - 10 YR.		36. SERV. COMP. DATE MO. DA. YR.	37. LONG. COMP. DATE MO. DA. YR.	38. CAREER CATEGORY CAR/RESV PROV/TEMP		39. FEELT HEALTH INSURANCE CODE 0 - NO 1 - YES		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA CODE 3 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA FORM EXECUTED CODE NO. TAX EMPLOY. NO.		44. STATE TAX DATA FORM EXECUTED CODE NO. TAX EMPLOY. NO.		
45. POSITION CONTROL CERTIFICATION				46. O.P. APPROVAL <i>[Signature]</i> <b>29 Aug 62</b>				DATE APPROVED	

Pre - 1959 personal  
actions

**SECRET**  
(When Filled In)

1. PER. SERIAL NO. <b>061162</b>		BIOGRAPHIC PROFILE (PART I) COD: <b>19 Jan 1941</b>			
2. NAME (Last-First-Middle) <b>HARVEY, William King</b>		3. SEX <b>M</b>	4. DATE OF BIRTH <b>13 Sep 1915</b>	5. LONGEVITY COMP. DATE <b>29 Sep 1967</b>	
6. MARITAL STATUS <b>Remarried</b>	7. DEPENDENTS (Excl. Employer) <b>0</b>	8. NO. YEARS OF BIRTH <b>3 2 7 7</b>		9. US NATURALIZATION DATE <b>NA</b>	
10. CAREER STATUS <b>?</b>	MEMBERSHIP <b>?</b>	OTHER STATUS	10. LAST MD. RPT. QUAL. FOR <b>May 1967</b>	11. EVAL. FOR <b>Current Duties Annual Exec</b>	
12. CURRENT RESERVE STATUS <b>?</b>	NON-SERVICE <b>X</b>	GRADE	ACTIVE DUTY WITH CIA <b>CAT. 1</b>	RELEASE TO MIL. SER. <b>CAT. 2</b>	TO BE DEFERRED <b>CAT. 3</b>
13. ASSESSMENT DATE	13. PROFESSIONAL TEST DATE		14. LANGUAGE APTITUDE TEST DATE		
15. NON-CIA EMPLOYMENT <b>1931-33 Danville Gazette, Indiana - Reporter &amp; Printer</b> <b>1934-35 Indiana Univ, Bloomington - Publicity Writer (athletics)(PT)</b> <b>1937-40 Self-employed, Maysville, Kentucky - Attorney-at-Law</b> <b>1940-47 Dept. of Justice, FBI, DC/NYC/Pittsburgh, Pa - Special Agent &amp; Supervisor/</b>					
16. NON-CIA EDUCATION <b>1933-37 Indiana Univ, Bloomington - LLB (with Distinction) Law, Psych, Philos, Journalism</b>					
17. FOREIGN LANGUAGE ABILITIES (Language, Proficiency, Date Tested)		<b>German - R, High; W, P, S, U, Inter; Interpret - Oct 1961</b>			
18. AGENCY SPONSORED TRAINING <b>1963 Italian</b>					
19. CIA EMPLOYMENT HISTORY SINCE 18 SEPT 1947 (Personnel Actions, Military Orders, and Principal Details)					
EFFECTIVE DATE	POSITION TITLE & OCCUPATIONAL CODE	GRADE	SD	ORGANIZATION & ORG. TITLE (If any)	LOCATION
Sep 1947	Infcl Of	P-6		OSO/FBS/Ch, Inf/TUSS/RTV	Hq
May 1948	" "	P-7		OSO/COPS/FBS/DCh, Foreign	"
Dec 1948	" "	P-7		OSO/COPS/DOPC/DCh, Foreign	"
Mar 1949	" "	P-7		OSO/COPS/DCh, Ops for CL	"
Oct 1949	" "	GS15		OSO/Ch, Stf-C&ACh, Stf-D	"
Feb 1951	Chief Stf E	16		OSO/Ch, Staff E	"
Dec 1951	I O	16		OSO/Ch, Plans Staff	"
Dec 1952	Ops Of	16		DDP/EE/GerMIs/BOB/COB	Bonn
Nov 1953	I O	16	FI	DDP/EL/GerMIs/BOB/COB	Berlin
Dec 1954	Area Ops Of 0136.01	16	FI	" " " " " "	"
Jan 1956	" " " 0136.01	17	DI	DDP/EE/GerSta/BOB/COB	"
May 1959	Chief of Base 0136.01	18	DI	" " " " " "	"
	Sep 1959 return to Hq				
Oct 1959	Ops Of 0136.01	18	DI	DDP/Ch, FI/D	Hq
Jun 1962	" " 0136.01	18	D	DDP/Ch, Task Force W	"
Jun 1963	Chief of Sta 0136.01	18	D	DDP/EE/ [ ] /COS	[ ]
Jun 1965	" " 0136.05	18	D	" " " " " "	"
Feb 1967	Ops Of 0136.01	18	D	DDP/EUR/Dev Comp	Hq
Dec 1967	Retirement (voluntary)	- CIAPDS			
20. DATE REVIEWED <b>22 Sep 1971</b>		21. PROFILE REVIEWED BY <b>obs</b>		22. ITEMS 1-19 REVIEWED & VERIFIED BY EMPLOYEE <input checked="" type="checkbox"/> <b>No</b>	



**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD.	
Harvey William K.			13 Sept 1916	M	GS-18	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/RR OF ASSIGNMENT		8. CURRENT STATION		
Chief of Station			DDF/WF/				
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 April 1964 - 31 March 1965			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, [ ]						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and the Base in [ ]						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Engaged in reorientation of Station FI Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
15 JUN 1965							O

8

SECRET

(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.</p>			
<p>Mr. Harvey has continued to manage the Agency's activities in [ ] with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.</p>			
<p>In his efforts to reorient the [ ] Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.</p>			
<p>To accomplish the objectives of the CA responsibilities of the [ ] Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.</p>			
<p>During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence.</p>			
(cont'd)			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
	Employee at Field Station		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
24			
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
2 June 1965	C/WE		
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
3 June 65	ADDP	 Thomas H. Karamessines	

SECRET

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The [ ] Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET



**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle) HARVEY William K.			2. DATE OF BIRTH 13 Sept 1916	3. SEX M	4. GRADE GS-18	5. SO D	
6. OFFICIAL POSITION TITLE Chief of Station				7. OFF/DIV/BR OF ASSIGNMENT DDP/WE/		8. CURRENT STATION	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)		<input type="checkbox"/> ANNUAL		<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From to) 1 April 1965 - 27 September 1965			
SECTION B PERFORMANCE EVALUATION:							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1 Chief of Station, <input type="checkbox"/>						RATING LETTER 0	
SPECIFIC DUTY NO. 2 Handles Station relationship with Ambassador and Embassy and the Base in <input type="checkbox"/>						RATING LETTER 3	
SPECIFIC DUTY NO. 3 Supervises CA Program.						RATING LETTER 0	
SPECIFIC DUTY NO. 4 Engaged in reorientation of Station FI Program.						RATING LETTER 0	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER 0	
28 OCT 1965							

8

SECRET

OFFICE OF PERSONNEL

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
	<i>Mr. Harvey</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
30	Mr. Harvey is currently at his overseas post.	
DATE	OFFICIAL TITLE OF SUPERVISOR	
27 September 1965	Chief, WE Division	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
21 October 1965	ADDP	<i>TH Karau</i> Thomas H. Karamessines

SECRET

*what date?*

Colored photograph removed this date and forwarded with Biographic Profile to Mr. McCone via Mr. [redacted] WH/Pers. Mr. [redacted] cleared with Mr. Gene Stevens, Chief, T&R Branch, POD/OP; the removal of picture.

[redacted] OP/POD/CAB  
5E-2508 HQS  
Ext. 7771



SECRET  
(When Filled In)

REF: 9 JAN 68

NOTIFICATION OF PERSONNEL ACTION												
1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)										
100108		HARVEY WILLIAM K										
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE		5 CATEGORY OF EMPLOYMENT						
RETIREMENT VOLUNTARY UNDER THE CIA RETIREMENT AND DISABILITY SYSTEM				12   31   67		REGULAR						
6 FUNDS		7 FUND		8 FUND		9 Financial Analysis No. Chargeable		10 CSC OR OTHER LEGAL AUTHORITY				
V TO V		V TO CF		CF TO V		X		CF TO CF		8136-1100-0000		
9 ORGANIZATIONAL DESIGNATIONS						10 LOCATION OF OFFICIAL STATION						
DDP/EUR DEVELOPMENT COMPLEMENT						WASH., D.C.						
11 POSITION TITLE				12 POSITION NUMBER		13 SERVICE DESIGNATION						
SES OFFICER				9997		D						
14 CLASSIFICATION SCHEDULE (GS 18 #K.)			15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE					
GS			R18B.01		18 1		27055					
18 REMARKS												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19 ACTION CODE	20 Empl. Code	21 OFFICE CODING		22 STATION CODE	23 INTEGREE CODE	24 HOURS CODE	25 DATE OF BIRTH		26 DATE OF GRADE		27 DATE OF LEI	
45	18	NUMERIC ALPHABETIC					MO DA YR 08 13 16		MO DA YR		MO DA YR	
28 NTE EXPIRES		29 SPECIAL REFERENCE	30 RETIREMENT DATA		31 SEPARATION DATA CODE	32 Continuation Calculation Data			33 SECURITY REQ NO	34 SER		
MO DA YR			1 CSC 2 CIA 3 FEA 4 NEGAT		CODE	TYPE NO DA YR EQUILIBRIA			EOD DATA			
35 VET PREFERENCE	36 SER. COMP DATE		37 LONG COMP DATE		38 CAREER CATEGORY		39 FEGLI HEALTH INSURANCE		40 SOCIAL SECURITY NO			
CODE	MO DA YR		MO DA YR		EAS EAS EAS		CODE CODE 2 WA-EE HEALTH AS CODE					
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE				42 LEAVE CAT CODE		43 FEDERAL TAX DATA		44 STATE TAX DATA				
CODE				CODE		CODE NO TAX EXEMPTIONS		CODE EXEMPTED		CODE NO TAX STATE CODE		
0 NO PREVIOUS SERVICE 1 NO BREAK IN SERVICE 2 BREAK IN SERVICE LESS THAN 3 YRS. 3 BREAK IN SERVICE MORE THAN 3 YRS.						NON-EXEMPTED 1 YES 2 NO		1 YES 2 NO		1 YES 2 NO		
SIGNATURE OR OTHER AUTHENTICATION												
						POSTED <i>[Signature]</i>						

FORM 566 1150  
Mfg 10-67

Use Previous Edition

SECRET

PLW

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(When Filled In)

14-00000

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-276  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	44	997	CF GS 18 1	\$25,890	\$27,055

SECRET  
(When Filled In)

B.T. 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION

CCF

1. SERIAL NUMBER 061164		2. NAME (LAST-FIRST-MIDDLE) HARVEY WILLIAM K.	
3. NATURE OF PERSONNEL ACTION CONVERSION FROM <input type="checkbox"/> STATUS		4. EFFECTIVE DATE 02 25 67	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS <input checked="" type="checkbox"/>	7. Financial Analysis No. Chargeable 7136 1186 0000	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/EUR DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 18 1	17. SALARY OR RATE 25890
18. REMARKS OTHER WASH., D.C.			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 56	20. EMPLOY CODE 18	21. OFFICE CODES NUMERIC 44997 ALPHABETIC EUR	22. STATION CODE 75013	23. INTEGREE CODE	24. HOURS CODE 1	25. DATE OF BIRTH 09 13 16	26. DATE OF GRADE MO DA YR	27. DATE OF LEI MO DA YR
28. WTE EXPIRE MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA 1 - CSC 2 - CIV 3 - FICA 4 - NONE	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA TYPE MO DA YR	EOD DATA <input checked="" type="checkbox"/>		33. SECURITY REQ NO	34. SEX
35. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 10 PT	36. SERV COMP. DATE MO DA YR	37. LONG COMP. DATE MO DA YR	38. CAREER CATEGORY CODE	39. FEGLI / HEALTH INSURANCE CODE CODE 0 - WAIVER 1 - YES	40. SOCIAL SECURITY NO			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE LESS THAN 3 YRS 3 - BREAK IN SERVICE MORE THAN 3 YRS			42. LEAVE CAT CODE	43. FEDERAL TAX DATA FORM EXECUTED, CODE NO TAX EXEMPTIONS		44. STATE TAX DATA FORM EXECUTED, CODE NO TAX EXEMP STATE CODE		

SIGNATURE OR OTHER AUTHENTICATION

POSTED 6/7

SECRET  
(When Filled In)

BJT: 16 MAR 67

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER 2. NAME (LAST FIRST MIDDLE)											
061164 HARVEY WILLIAM K											
3. NATURE OF PERSONNEL ACTION				4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
REASSIGNMENT				02   24   67		REGULAR					
6. FUNDS		7. Financial Analysis No. Chargeable		8. CSC OR OTHER LEGAL AUTHORITY							
V TO V		V TO CF		7136 1186 0000		50 USC 403 J					
CF TO V		X CF TO CF									
9. ORGANIZATIONAL DESIGNATION					10. LOCATION OF OFFICIAL STATION						
DDP/EUR DEVELOPMENT COMPLEMENT					WASH., D.C.						
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION				
OPS OFFICER					9997		D				
14. CLASSIFICATION SCHEDULE (GS, LP, etc)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			0136.01		18 1		25890				
18. REMARKS											
OTHER											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI	
37	18	44337	EUR	75013	1	1	08	13	16		
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.	34. SEX
								EOD DATA			
35. VET. PREFERENCE		36. SERV COMP DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA			
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="text-align: center; margin: 0;"><b>POSTED</b></p> <p style="text-align: center; margin: 0;">3-11-67</p> </div>											

FORM 5-66 1150

Use Previous Edition

SECRET

*CJK*

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

261

\*PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962.\*

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	50	630	CF GS 18 1	\$25,382	\$25,890



"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-301  
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,  
AS AMENDED, AND A-DCI POLICY DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 OCTOBER 1965

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
HARVEY WILLIAM K	061164	50	630	CF GS 18 1	\$24,500	\$25,382

JGD: 19 NOV 65

SECRET  
(When Filled In)

OD/perr

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: 061164  
2. NAME (LAST-FIRST-MIDDLE): HARVEY WILLIAM K

3. NATURE OF PERSONNEL ACTION: DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM  
4. EFFECTIVE DATE: 11 21 65  
5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: V TO V, V TO CF, CF TO V, CF TO CF  
7. COST-CENTER NO. CHARGEABLE: 6136 1267 0000  
8. CSC OR OTHER LEGAL AUTHORITY: PL 88-643 SECT. 203

9. ORGANIZATIONAL DESIGNATIONS: DDP/WE  
OFFICE OF THE CHIEF  
10. LOCATION OF OFFICIAL STATION

11. POSITION TITLE: CHIEF OF STATION  
12. POSITION NUMBER: 0262  
13. SERVICE DESIGNATION: D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.): GS  
15. OCCUPATIONAL SERIES: 0136.05  
16. GRADE AND STEP: 18 1  
17. SALARY OR RATE: 25382

18. REMARKS: EMPLOYEE WILL BE NOTIFIED BY DISPATCH FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND OF HIS RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGREE CODE	24. HQ/INTL CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
28	10	50630 WE	36533	1	3	09 13 16	05 17 59	05 17 59
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO.	34. SEX
		1 - CSC 3 - FICA 5 - NONE	2	EOD DATA				
35. VET. PREFERENCE	36. SERV COMP DATE	37. LONG COMP. DATE	38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
CODE	0 - NONE 1 - 5 PT 2 - 10 PT	NO DA YR	NO DA YR	CAR RESV PROV FLMP	CODE	0 - WAIVER 1 - YES	HEALTH INS CODE	
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT CODE	43. FEDERAL TAX DATA			44. STATE TAX DATA	
CODE			0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)	FORM EXECUTED 1 - YES 2 - NO	CODE	NO TAX EXEMPTIONS	FORM EXECUTED 1 - YES 2 - NO	CODE NO TAX EXEMP. STATE CODE

SIGNATURE OR OTHER AUTHENTICATION

POSTED  
11 26 65

36

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION					
1 SERIAL NUMBER 061144		2 NAME (LAST FIRST, MIDDLE) MARVEY WILLIAM R			
3 NATURE OF PERSONNEL ACTION SERIES CODE ADJUSTMENT			4 EFFECTIVE DATE MO DA YR 06 07 65		5 CATEGORY OF EMPLOYMENT
6 FUNDS	V TO V	V TO CF	7 COST CENTER NO CHARGEABLE		
	CF TO V	A	CF TO CF	8 CS, OR OTHER LEGAL AUTHORITY	
9 ORGANIZATIONAL DESIGNATIONS DDP/WE DIVISION			10 LOCATION OF OFFICIAL STATION		
11 POSITION TITLE CHIEF OF STATION			12 POSITION NUMBER 0262	13 CAREER SERVICE DESIGNATION D	
14 CLASSIFICATION SCHEDULE (GS LB etc) GS		15 OCCUPATIONAL SERIES 0136.05	16 GRADE AND STEP 18	17 SALARY OR RATE	
18. REMARKS					
<div data-bbox="824 1181 1144 1415" data-label="Text"> <p>POSTED Jul 21-65</p> </div>					
SIGNATURE OR OTHER AUTHENTICATION					

Form 1-63 11508 MFG 1-63

Use Previous Edition

SECRET

GRIP ?  
Excludes from automatic  
downgrading and  
declassification (When Filled In)

(451)

SECRET  
(When Filled In)

RZR: 28 JUNE 63

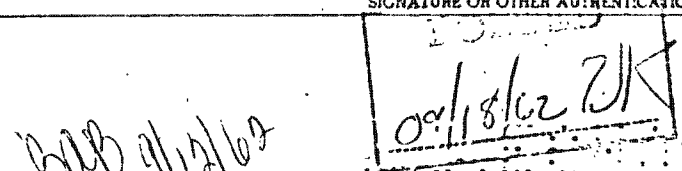
NOTIFICATION OF PERSONNEL ACTION													
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)											
061164		HARVEY WILLIAM K.											
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE			5. CATEGORY OF EMPLOYMENT				
REASSIGNMENT						06 30 63			REGULAR				
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE			8. CSC OR OTHER LEGAL AUTHORITY				
CP TO V		X		CP TO CP		3136.6300 1014			50 USC 403 J				
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION							
DDP/WE													
OFFICE OF THE CHIEF													
11. POSITION TITLE				12. POSITION NUMBER		13. SERVICE DESIGNATION							
CHIEF OF STATION				0262		D							
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE						
GS			0136.01		18 1		20000						
WASH., D.C.													
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL													
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTEGREE CODE	24. HOURS CODE	25. DATE OF BIRTH			26. DATE OF GRADE		27. DATE OF LEI	
37	10	62630 WE		36533	1	3	09 13 16						
28. NTE EXPIRES		29. SPECIAL REFERENCE	30. DEJIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/CANCELLATION DATA			33. SECURITY REQ. NO.	34. SEX			
NO DA YR			1. CSC 2. FCA 3. NONE		CODE	TYPE NO DA YR			EOD DATA				
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. FEGLI/HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
CODE 0 NONE 1 - 5 PT 2 - 10 PT		NO DA YR		NO DA YR		EAM DEF. PROV. TEMP.		CODE CODE 0 WAIVER 1 YES		HEALTH INS. CODE			
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA						
CODE 0 NO PREVIOUS SERVICE 1. NO BREAK IN SERVICE 2. BREAK IN SERVICE (LESS THAN 3 YRS) 3. BREAK IN SERVICE (MORE THAN 3 YRS)				CODE	FORM EXECUTED CODE NO TAX EXEMPTIONS		FORM EXECUTED CODE NO TAX ENEMP STATE CODE						
SIGNATURE OR OTHER AUTHENTICATION													
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="margin: 0;">POSTED</p> <p style="margin: 0; font-size: 1.2em;">07/02/63 WK</p> </div>													

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 77-703 AND  
DCI MEMORANDUM DATED 31 AUGUST 1954, SALARY IS ADJUSTED AS FOLLOWS,  
EFFECTIVE 14 OCTOBER 1952

NAME	SERIAL	ORGN	FUNDS	OLD GRST	OLD SALARY	NEW GRST	NEW SALARY
HARVEY WILLIAM K	261144	A1100	CF 13	1	\$18500	18	1 \$20000

PSC: 12 SEPT 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																	
1. SERIAL NUMBER		2. NAME (LAST-FIRST MIDDLE)															
061164		HARVEY WILLIAM K															
3. NATURE OF PERSONNEL ACTION						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT									
REASSIGNMENT (CORRECTION)						06   08   62		REGULAR									
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY									
CF TO V		X		CF TO CF		3132 1000 1000		50 USC 403 J									
9. ORGANIZATIONAL DESIGNATIONS						10. LOCATION OF OFFICIAL STATION											
DDP TASK FORCE W OFFICE OF THE CHIEF						WASH., D.C.											
11. POSITION TITLE						12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION									
OPS OFFICER CH						0662		D									
14. CLASSIFICATION SCHEDULE (GS, LP, etc)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP		17. SALARY OR RATE									
GS			0136.01			18 T		18500									
18. REMARKS																	
THIS ACTION CORRECTS FORM 1150 EFFECTIVE DATE 06/08/62 TO SHOW THE [ ] TITLE, CLASSIFICATION, GRADE, STEP, & SALARY WHICH WERE PREVIOUSLY OMITTED.																	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																	
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. Hdqrs. Code		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LEI	
57		10		6.1100 TFW		75013		1		1		09   13   16					
28. HTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SEN					
				1 - CSC 2 - FICA 3 - NONE				37		06   08   62		EOD DATA					
35. VET. PREFERENCE		36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. FEI / HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
0 - NONE 1 - 5 PT 2 - 10 PT						CAP BESV PROJ TEMP		0 - WAIVER 1 - YES		HEALTH INS CODE							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT. CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA							
0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						FORM EXECUTED: CODE 1 - YES 2 - NO				FORM EXECUTED 1 - YES 2 - NO							
45. SIGNATURE OR OTHER AUTHENTICATION																	
																	

FORM 1150 8-62

Use Previous Edition

SECRET

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

(4-81)

(When Filled In)

DATE: 31 AUG 62

SECRET  
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION																			
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)																	
05110		HARVEY WILLIAM K																	
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT												
REASSIGNMENT					MO DA YR 15 10 62		REGULAR												
6. FUNDS		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY															
V TO V		V TO CF		3102 1060 1000		50 USC 403 J													
CF TO V		CF TO CF																	
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION														
TASK FORCE W OFFICE OF THE CHIEF					WASHINGTON, D.C.														
11. POSITION TITLE				12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION													
OPS OFFICER 01				0562		0													
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE												
GS			0136.01		18 1		18500												
18. REMARKS																			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																			
19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MONTHS		25. DATE OF B'RN		26. DATE OF GRADE		27. DATE OF LEI			
07		12		NUMERIC ALPHABETIC 01100 FEW		75013				MO DA YR 02 12 62		MO DA YR		MO DA YR		MO DA YR			
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA				33. SECURITY REQ NO.		34. SEX					
MO DA YR				1. CSC 2. FICA 3. NONE				EOD DATA											
35. VET PREFERENCE		36. SERV. COMP DATE		37. LONG COMP DATE		38. CAREER CATEGORY		39. FEGLI / HEALTH INSURANCE				40. SOCIAL SECURITY NO							
CODE 0 - NONE 1 - 5 PT 2 - 10 PT		MO DA YR		MO DA YR		CAR GEN CODE PROV TEMP		CODE 0 - WAIVER 1 - YES				HEALTH INS CODE							
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT CODE		43. FEDERAL TAX DATA				44. STATE TAX DATA									
CODE 0 - NO PREVIOUS SERVICE 1 - NO BREAK IN SERVICE 2 - BREAK IN SERVICE (LESS THAN 3 YRS) 3 - BREAK IN SERVICE (MORE THAN 3 YRS)						FORM EXECUTED CODE 1 - YES 2 - NO				FORM EXECUTED 1 - YES 2 - NO									
SIGNATURE OR OTHER AUTHENTICATION										<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 24px; margin: 0;">POSTED</p> <p style="font-size: 18px; margin: 5px 0 0 0;">9/5/62 <i>Lee</i></p> </div>									

FORM 1150 4-62

Use Previous Edition

8/31/62 *Lee* SECRET

GROUP 1 Excluded from automatic downgrading and declassification

(When Filled In)

(4-62)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED  
1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

SD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
DI	HARVEY WILLIAM K	561164	41 09	GS-18 1	\$17,500	\$18,500

/S/ EMMETT D. ECHOLS  
DIRECTOR OF PERSONNEL



SECRET  
(When Filled In)

**NOTIFICATION OF PERSONNEL ACTION**

PAS: 15 AUGUST 1960

1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vet. Prof.		5. Sex	6. CS-FOB				
561164		HARVEY WILLIAM K				Mo.	Da.	Yr.	Non-O	Code		Mo.	Da.	Yr.		
09		13		15	5	Pt-1	0	M	1	09	29	47				
7. SCD		8. CSC Retmt			9. CSC Or Other Legal Authority				10. Appt. AUTHS		11. FEGLI		12. LCD		13. Pres. Leg.	
Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code		
12	09	40	No-2	1	50	USCA	403	J		09	29	47	No-2	2		

**PREVIOUS ASSIGNMENT**

14. Organizational Designations				Code	15. Location Of Official Station				Station Code	
DDP FI STAFF DIVISION D OFFICE OF THE CHIEF				4109	WASH., D. C.				75013	
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series		
Dept - 1	Code	OPS OFFICER CHIEF			0872		GS	0136.01		
USfld - 3										
Frqn - 5	1									
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSI Dnt		26. Appropriation Number	
18 1		18500		D	Mo.	Da.	Yr.	Mo.	Da.	Yr.
					05	17	59	XX	XX	XX
							0123		1003 1000	

**ACTION**

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Data	
CONVERSION TO PERMANENT SUPERGRADE RANK			07   27   60		REGULAR		QM		

**PRESENT ASSIGNMENT**

31. Organizational Designations				Code	32. Location Of Official Station				Station Code	
DDP FI STAFF DIVISION D OFFICE OF THE CHIEF				4109	WASH., D. C.				75013	
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.	37. Occup. Series		
Dept - 1	Code	OPS OFFICER CHIEF			0872		GS	0136.01		
USfld - 3										
Frqn - 5	1									
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSI Dnt		43. Appropriation Number	
18 1		18500		D	Mo.	Da.	Yr.	Mo.	Da.	Yr.
					05	17	59	XX	XX	XX
							1123		1003 1000	

44. Remarks

\* THE DIRECTOR OF CENTRAL INTELLIGENCE ON 27 JULY 1960 APPROVED YOUR PERMANENT GRADE AS GS-18.

FILED

2.29.60 W/L

Pre 1960  
Personnel actions

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
HARVEY William K.			13 Sept 1916	M	GS-18	D	
6. OFFICIAL POSITION TITLE				7. OFF. DIV. OR OF ASSIGNMENT	8. CURRENT STATION		
Chief of Station				DDP/WE/			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/>	CAREER	<input type="checkbox"/>	RESERVE	<input type="checkbox"/>	TEMPORARY	<input type="checkbox"/>	INITIAL
<input type="checkbox"/>	CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/>	REASSIGNMENT SUPERVISOR		
SPECIAL (Specify):				<input type="checkbox"/>	ANNUAL	<input type="checkbox"/>	
				SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 April 1965 - 27 September 1965			
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, <input type="checkbox"/>						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and the Base in <input type="checkbox"/>						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Engaged in reorientation of Station FI Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
2 S OCT 1965						O	

②

SECRET

OFFICE OF PERSONNEL

**SECTION C NARRATIVE COMMENTS**

Indicate significant strengths or weaknesses demonstrated in current position keeping in perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

MAIL ROOM

My rating of the performance of this officer remains the same as the description of his performance which is contained in his fitness report for period ending 31 March 1965.

**SECTION D CERTIFICATION AND COMMENTS**

**1. BY EMPLOYEE**

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE SIGNATURE OF EMPLOYEE  
27 September 1965 William M. Harvey

**2. BY SUPERVISOR**

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION  
30 Mr. Harvey is currently at his overseas post.

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE  
27 September 1965 Chief, WE Division

**3. BY REVIEWING OFFICIAL**

COMMENTS OF REVIEWING OFFICIAL

I concur in the evaluations given Mr. Harvey on duties No. 2, 3 and 4. I believe duty No. 2 could have been rated "outstanding" rather than "strong," with justification. I also think, however, that duty No. 1, involving the overall administration and management of the Station and its personnel, should more appropriately be rated "proficient," or perhaps "strong."

*DMF*

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE  
21 October 1965 ADDP Thomas H. Karamessinas

SECRET

SECRET

(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
						061164	
<b>SECTION A GENERAL</b>							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
Harvey William K.			13 Sept 1916	M	GS-18	D	
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION		
Chief of Station			DDP/WE/				
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT				
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL (Specify):				
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)				
			1 April 1964 - 31 March 1965				
<b>SECTION B PERFORMANCE EVALUATION</b>							
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, [ ]						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and the Base in [ ]						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Engaged in reorientation of Station FI Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>						RATING LETTER	
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						O	
15 JUN 1965							

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Mr. Harvey has continued to manage the Agency's activities in [redacted] with the same enthusiasm and drive which characterized the description of his approach to the Station Chief role in his past Fitness Report.

In his efforts to reorient the [redacted] Station's FI program toward Soviet-Satellite targets Mr. Harvey has devoted considerable energy to acquiring the basic information needed for this task. This has been well reported and the responsibilities for carrying out this shift in operational approach have been precisely delegated. It is still early to assess the results operationally but the reorientation has been well organized. As an early indication of the trend this is taking, several successful technical operations have been established which are well on target.

To accomplish the objectives of the CA responsibilities of the [redacted] Station Mr. Harvey has acquired the most competent officers with this highly specialized skill and has staunchly supported their efforts to prosecute this program which remains extensive. He has considerably improved the Station relationship with Embassy officers, including the Ambassador, by devoting greater effort to this necessary phase of the Station Chief's role and the Ambassador, during a recent trip to Washington, made special mention of the degree of confidence he had in the Station's reporting and in the extent to which it has kept him properly informed.

During the period under review Mr. Harvey acquired a Deputy Station Chief - for whose arrival he had waited more than 6 months. He has delegated general management of the Station's activities to this officer, who has applied himself diligently to this task and the results have been promising. Mr. Harvey has been receptive to headquarters guidance, is extremely prompt and thorough in replying to his correspondence. (cont'd)

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE SIGNATURE OF EMPLOYEE

Employee at Field Station

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 24 IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE OFFICIAL TITLE OF SUPERVISOR

2 June 1965

C/WE

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE

3 June 65

ADDP

Thomas H. Karwessines

SECRET

SECRET

William K. Harvey

Fitness Report for Period 1 April 1964 - 31 March 1965

Section C (cont'd)

Some administrative details, such as the reports on the performance of officers whose evaluation he was reluctant to make, Mr. Harvey has had a tendency to postpone despite repeated efforts to provoke him into timely response.

I have rated Mr. Harvey's overall performance outstanding in recognition of his superior supervisory ability, his unusual skill in expressing his views and his determination to accomplish his basic objectives regardless of the obstacles which he encounters. The [ ] Station is complex, is engaged in some highly sensitive operations which must be guided with a strong hand and by an officer with a degree of professionalism which Mr. Harvey is well able to supply as a result of his extensive operational experience.

SECRET

**SECRET**  
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
				061164			
<b>SECTION A</b>				<b>GENERAL</b>			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX	4. GRADE	5. ID	
Harvey William K.		1916		N	18	D	
6. OFFICIAL POSITION TITLE				7. OFF/DIV. OR OF ASSIGNMENT		8. CURRENT STATION	
Chief of Station, <input type="checkbox"/>				DDP/WE, <input type="checkbox"/>		<input type="checkbox"/>	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
CAREER		RESERVE		TEMPORARY		INITIAL	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - To)			
				1 March 1963 - 31 March 1964			
<b>SECTION B</b>				<b>PERFORMANCE EVALUATION</b>			
<p><b>W - Weak</b> Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p><b>P - Proficient</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> Performance is characterized by exceptional proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
<b>SPECIFIC DUTIES</b>							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Chief of Station, <input type="checkbox"/>						O	
SPECIFIC DUTY NO. 2						RATING LETTER	
Handles Station relationship with Ambassador and Embassy and Station Bases.						S	
SPECIFIC DUTY NO. 3						RATING LETTER	
Supervises correspondence with headquarters on entire complex Station program.						O	
SPECIFIC DUTY NO. 4						RATING LETTER	
Supervises CA Program.						O	
SPECIFIC DUTY NO. 5						RATING LETTER	
Engaged in reorientation of Station FI program.						O	
SPECIFIC DUTY NO. 6						RATING LETTER	
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
12 AUG 1964							O

*EM*



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

OFFICE OF PERSONNEL

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section A to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties to be described, if applicable.

Mr. Harvey's management of the Agency's program in [redacted] has to date been characterized by the forcefulness and drive which have gained for him in previous assignments a reputation for dynamism. He has undertaken to reorient the [redacted] Station's FI program toward Soviet-satellite targets and any delay in this reorientation has been due fully to our inability for administrative reasons to supply the personnel he desires on the time schedule which he would prefer.

Although not by inclination oriented toward the objectives of CA, he has preserved and guided the most complex CA program in Western Europe with understanding and skill. To accomplish this it has been necessary for Mr. Harvey to learn the intricacies of an extremely complex local political situation. This he has set about to do with confidence. His accumulated experience in earlier assignments has equipped Mr. Harvey with a self-assurance and confidence which I have rarely seen equaled in any other officer. The continuance of ideal relationships with the key Embassy officials in [redacted] has been somewhat handicapped by the sudden death of the principal officer in the Embassy who was knowledgeable of our program and the impossibility of bringing into knowledge of our activity the next lower level echelon of Embassy officials for reasons beyond Mr. Harvey's control. This handicap has been overcome over the past year and Mr. Harvey is currently supervising extremely sensitive political operations and contacts to the satisfaction of the Ambassador and his headquarters.

He delegates responsibilities skillfully to those officers under his command who are best qualified and by his own outstanding performance, which is always at its best under heavy stress, he earns an intense loyalty from these personnel. He demonstrates cost-consciousness and outstanding supervisory ability.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 27/2/65	SIGNATURE OF EMPLOYEE <i>[Signature]</i>	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 12	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION Report will be shown to employee upon return from overseas.	
DATE 28 July 1964	OFFICIAL TITLE OF SUPERVISOR C/WE	
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
DATE 17 AUG 1964	OFFICIAL TITLE OF REVIEWING OFFICIAL Deputy Director for Plans	TYPED OR PRINTED NAME AND SIGNATURE <i>[Signature]</i> Richard Helms

SECRET

SECRET

18 April 1963

MEMORANDUM FOR: Director of Personnel

SUBJECT: Fitness Report - Mr. William K. Harvey

1. This Fitness Report covers the period from 1 April 1962 to 15 January 1963 during which Mr. Harvey was Chief, Task Force W.

2. As a senior officer in the Clandestine Services, Mr. Harvey has behind him a long record of professional accomplishment achieved during tours in Washington as well as seven years in Berlin. He is thoroughly grounded in the tradecraft of clandestine activities, and has brought to each and every assignment an intelligent, thorough, and uncommonly conscientious approach. His qualities of leadership are attested to by the loyalty and devotion of those colleagues who have worked under his direction. If anything, there has tended to grow up within the Clandestine Services a coterie of officers who have come to regard themselves as "Harvey men", a development which Mr. Harvey himself has not encouraged but which demonstrates the strong emphasis on first-class tradecraft which he has insisted upon in each assignment.

3. As Chief, Task Force W, Mr. Harvey had the task of organizing and developing a large operational team devoted to the acquisition of intelligence and the handling of special operations directed at Cuba. He was obliged to work within a complicated bureaucratic framework, a fact which made the clearing of actions a laborious and time-consuming exercise. Under his direction, the Task Force grew substantially in size and in professional competence with the result that when the Cuban crisis arrived in October intelligence assets were in place to make a significant contribution to the overall intelligence picture. Mr. Harvey devoted considerable ingenuity, long hours of personal time, and great energy to this enterprise, and, although certain aspects of the intra-governmental coordination of the operations had rough sledding, his net achievement was the establishment of an effective, going concern with momentum which carries on to the present.

4. Mr. Harvey, after a strong performance as Chief, TFW, has been assigned as Chief of Station [redacted] and is now preparing himself to take over at that post in the coming months.

*Thomas H. Karamessines*  
Thomas H. Karamessines  
Assistant Deputy Director (Plans)

*Read 23/4/63*

Reviewing Official:  
*Richard Helms*  
Richard Helms  
Deputy Director (Plans)

SECRET

29 APR 1963  
*Helms*

*OK*

OCT 1962  
*mm*

*C.D. Pers*

15 OCT 1962

**MEMORANDUM FOR: Director of Personnel**

**SUBJECT: William K. Harvey - Memorandum in lieu of fitness report for period 30 March 1960 - 10 May 1962**

1. It is difficult to prepare a fitness report on this outstanding officer, largely because forms do not lend themselves to measuring his many unique characteristics. His strengths are in professional knowledge and competence in the operational field, in a toughness of mind and firmness of attitude, while the latter in past years have moved him into positions that were sometimes stronger than superior officers, with a responsibility for adjustments necessary in matters of policy in relation to Agency position in the community, were able to handle easily, his own closeness to policy positions of the Agency within the U.S. community in the last two years has found him with a real ability to handle policy matters and to adjust to necessities, without losing his firmness and his independence of thought.

2. He is sometimes accounted to be less than outgoing of information about operational matters in which he is engaged, yet it should be remembered that this characteristic has been part and parcel of a sound operational attitude in his career. He has a wide knowledge of personalities within the officer corps of the DD/P and is for the most part a good selector of officers to accomplish necessary tasks. He handles people well. He has a tremendous energy and is a loyal officer both to his superiors and to the purposes of the Clandestine Services of CIA.

3. He is one of the few distinctly outstanding officers in the DD/P.

*W. Lloyd George*  
W. LLOYD GEORGE  
Chief  
Foreign Intelligence

*ml*

*210*

8 September 1960

**MEMORANDUM IN LIEU OF FITNESS REPORT**

The following statement relates to the performance of William K. Harvey, GS 18, Chief of FI, Division D.

This officer has held a series of responsible positions in DD/P and its predecessor clandestine intelligence organization for well over ten years. He excels in the field of clandestine operations in general and especially so in that phase of clandestine staff and operational activities concerned with the procurement, handling and exploitation of highly sensitive and critical intelligence and operational materials.

His performance generally over the recent years has proved him to be one of the outstanding officers of the DD/P organization. He has demonstrated clearly superior performance both in staff responsibility at Headquarters and as Chief of Base in a very important field station where he was directly engaged in supervising and carrying on operations successfully against targets of the highest priority.

In the period under review, June 1959 to March 1960, he took over and directed functioning of one of DD/Ps most sensitive components charged with achievement by special means against targets of the highest importance. This included carrying on negotiations and liaison with other components of CIA and other Agencies and Departments of the U. S. Government concerned with his special field. His performance of this responsibility in many respects has been outstanding. He has continued to demonstrate his fitness to handle a wide range of positions of major responsibility within the clandestine service.

Among his outstanding characteristics are: thorough understanding of his profession and ability to make this clear to persons of high level whose knowledge of the Clandestine Services is general. He is firm, tenacious, and on occasions strongly aggressive in pursuit of his point of view. While this may sometimes make for difficulty on the part of those in higher echelons who wish to dispose of a complicated problem easily and quickly, this officer's persistence in carefully

*Adapted  
5/2/60*

presenting his arguments and in holding to them until their fact and logic prevail or until policy factors override, makes him a highly valuable asset to CIA.

Rater W. Lloyd George  
W. Lloyd George  
C/PI

Reviewer Richard Helms  
Richard Helms  
COPS

NOV 20 1950

NOV 20 11 21 AM '50

NOV 20 1950

NOV 20 1950

SECRET

010

14 January 1959

MEMORANDUM FOR: Director of Personnel  
ATTENTION: Chief, Records and Services Division  
FROM: Chief of Station, Germany  
SUBJECT: Fitness Report - William K. Harvey  
November 1957 - January 1959

1. Subject's abilities and performance are too generally known to require detailed comment. One of the very senior officers in KUDOVE he has been chief of what is probably the largest and most productive overseas Base of KUBARK for approximately seven years. During this period Subject has been personally responsible for a number of operational successes, some of which have been of national importance. Possessed of driving energy, determination and initiative, he has few equals in professional experience and competence. Throughout his administration of the Base he has established and maintained exceedingly high standards of accomplishment, discipline and endeavor. Subject's judgement, on occasion, is impulsive and proposals of the Base have been, from time to time, advanced and defended with greater vehemence and more exhaustively than the occasion, objectively speaking, required. Subject's basic self-discipline, good sense and loyalty, however, have prevented any such incidents, which are in large measure manifestations of the highly charged atmosphere and insistent operational pressures of Berlin, from developing into serious friction with the German Station or Washington headquarters.

2. It has been a pleasure to serve with this officer and, during his assignment, he has consistently rendered dedicated and effective service of the very highest order.

*John A. Bröss*  
John A. Bröss

CONCUR:

*James H. [unclear]*  
CHIEF, EE DIVISION

RYBAT  
SECRET

*[Handwritten initials]*  
38-62

Harvey, W. K. EE

Chief of Base 6548-811332

Berlin

18 June 1959

MEMORANDUM FOR: Director of Personnel

ATTENTION: Chief, Records and Services Division

FROM: Chief of Station, Germany

SUBJECT: Fitness Report - William K. Harvey  
January 1959 - June 1959

I have nothing to add to the memorandum dated 14 January 1959.  
Subject continues to render an outstanding performance.

*John A. Cross*  
John A. Cross

I certify that I have seen  
this Fitness Report

*W. K. Harvey*

William K. Harvey

CONCUR:

*James Hitchfield*  
Chief, Eastern European Division

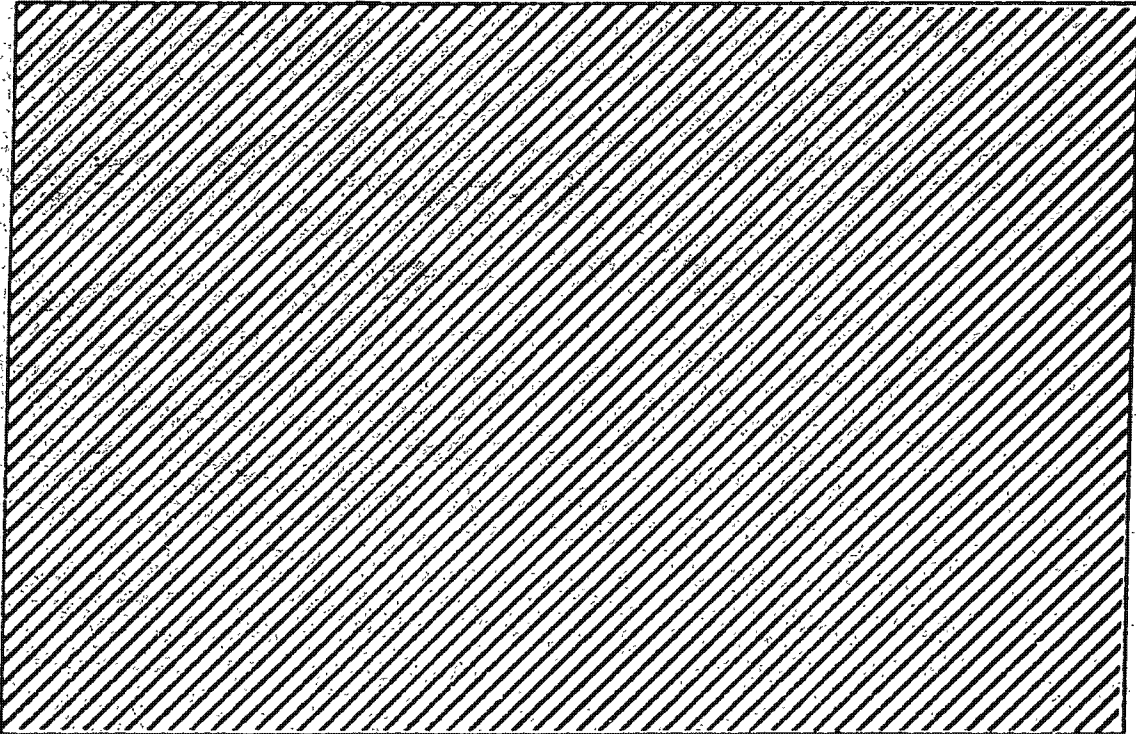
*[Handwritten initials]*

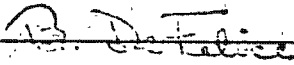
SECRET

Pre 1959 Fitness  
Reports

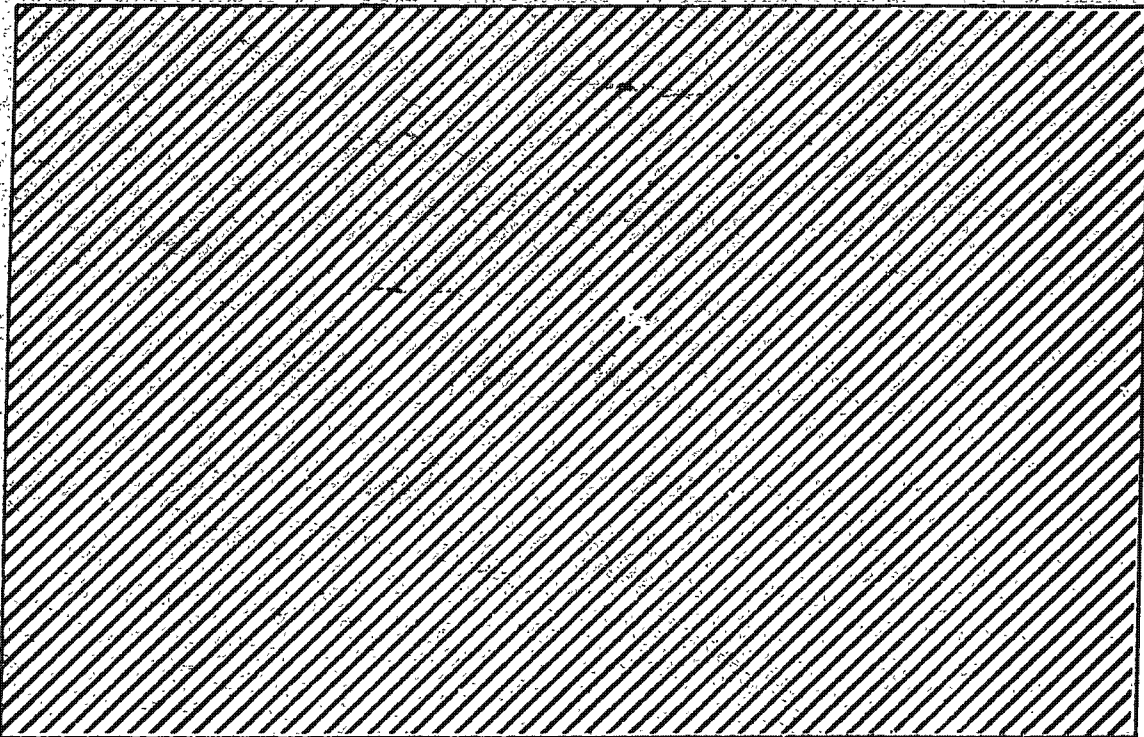


SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William K.	Son-James	68-0535
<p>There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on <u>7 March 1967</u>.</p> <p>This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.</p>		
DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE	
3 January 1968		
<b>NOTICE OF OFFICIAL DISABILITY CLAIM FILE</b>		

SECRET  
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William	Self	68-0533

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 30 July 1964.

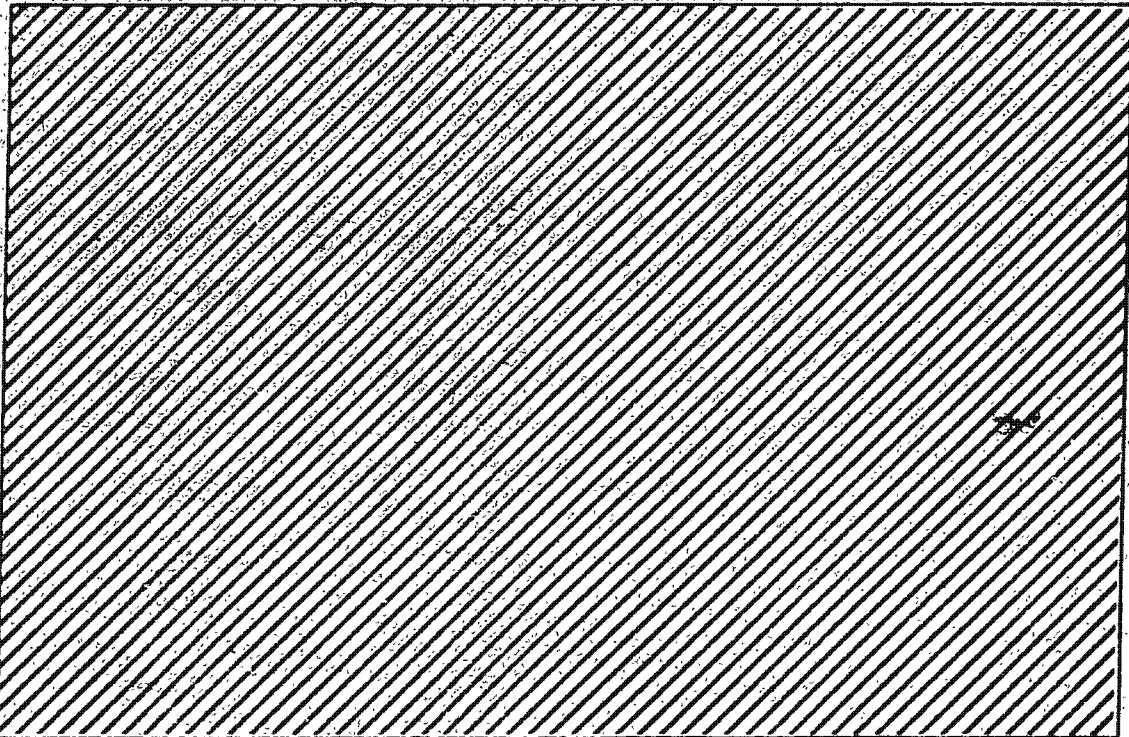
This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSD REPRESENTATIVE
3 January 1968	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

(When Filled In)



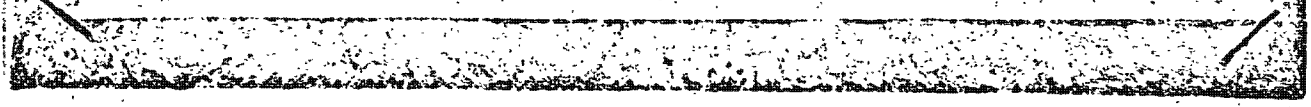
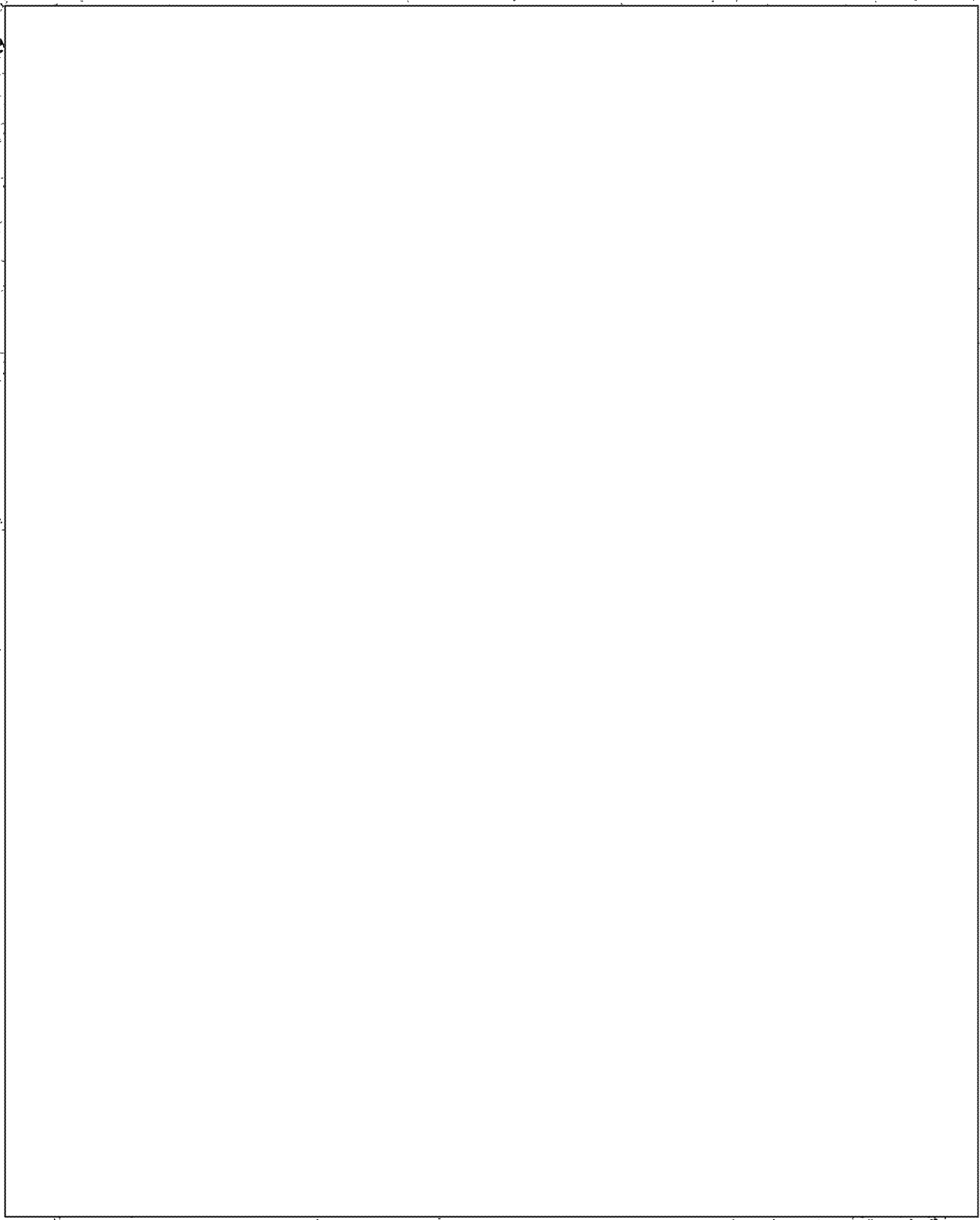
NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT*	CLAIM NUMBER
Harvey, William K.	Daughter-Sally	68-0534

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent\*) for an illness, injury, or death incurred on 5 August 1967.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

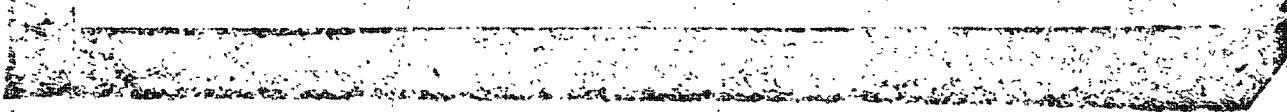
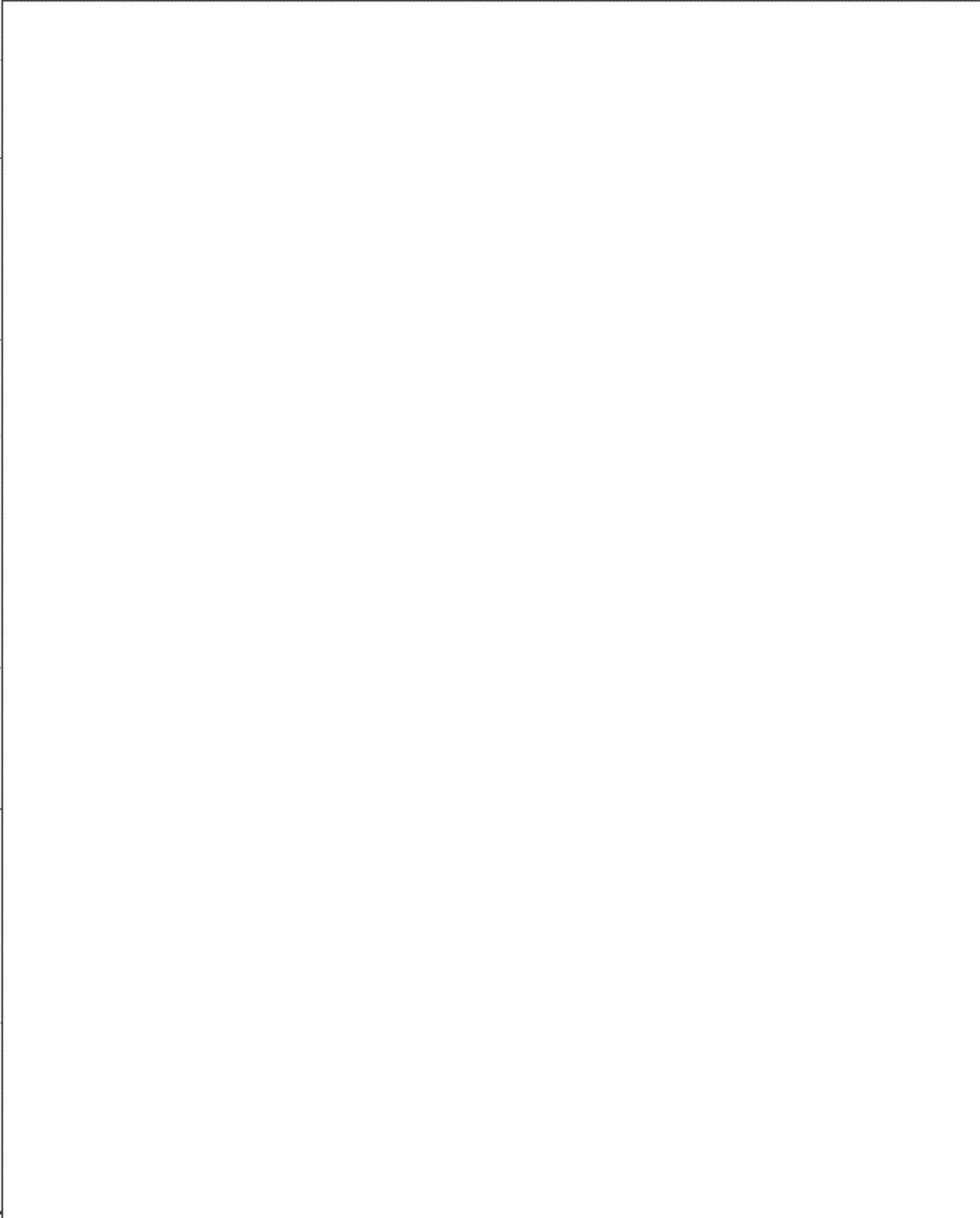
DATE OF NOTICE	SIGNATURE OF BSC REPRESENTATIVE
3 January 1968	<i>B. DeFalice</i>

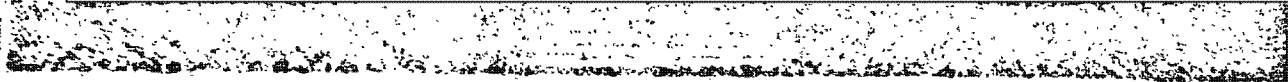
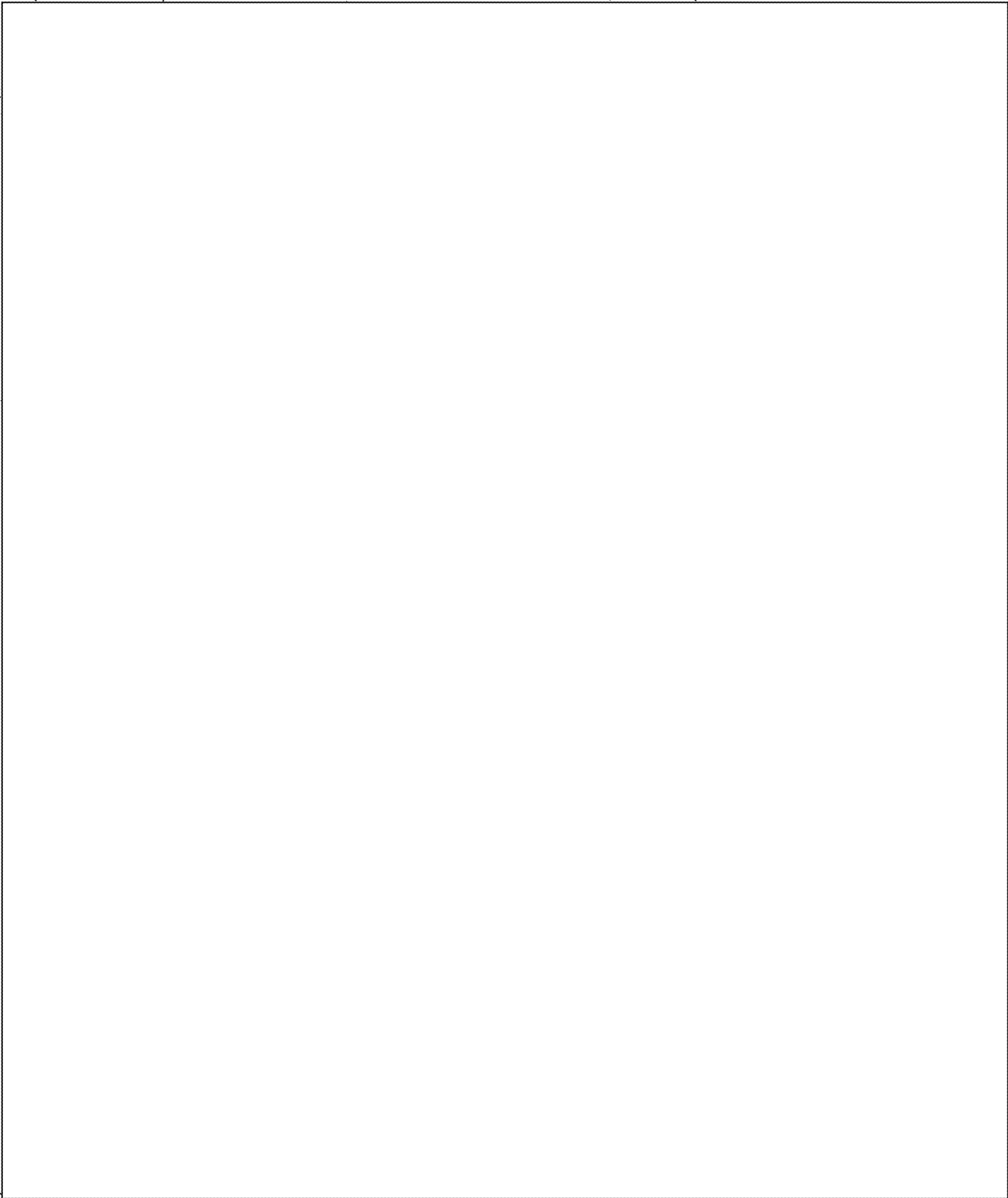
**NOTICE OF OFFICIAL DISABILITY CLAIM FILE**

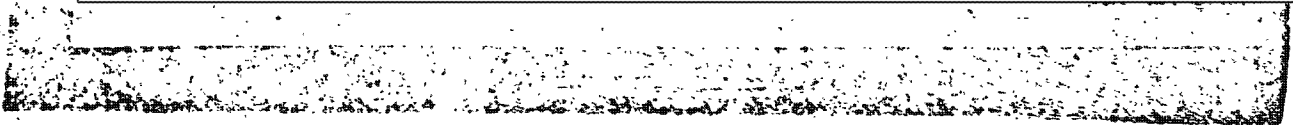
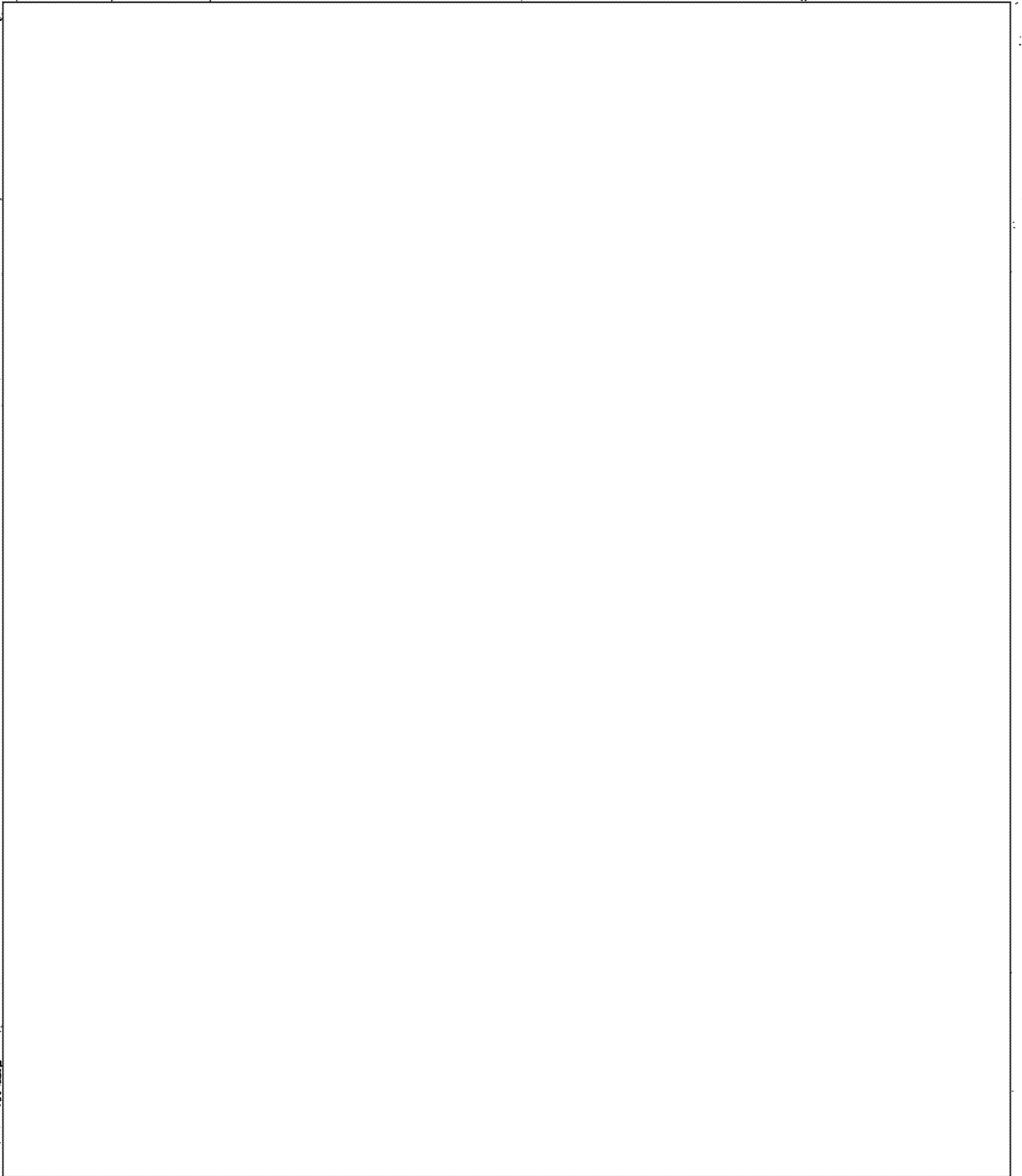


U.S. CLAIM (Not a separate utility)

A large, empty rectangular box with a black border, intended for a U.S. claim. The box is centered on the page and occupies most of the available space below the header information.









**SECRET**  
(WHEN FILLED IN)

**QUALIFICATIONS SYSTEM RECORD CHANGE**

APPLICANT CODING DATA					
1. ID	2. APPL. NO. 6-DIGITS	3. NAME MUST CONTAIN 20-DIGITS			
< 2					
4. DATE OF BIRTH MO DA YR		5. DATE CODED MO DA YR		THE DATA ABOVE (ITEMS 2 THRU 5) WILL BE FILLED IN WHEN CODING AN APPLICANT FOR THE FIRST TIME. THIS FORM IS THEN ATTACHED TO FORM 1962, MASTER QUALIFICATIONS CODING RECORD.	

LANGUAGE CODING DATA - FORM 144c										
1. ID	2. EMPLOYEE NO.	3. NAME 3-LETTERS	4. LANGUAGE DATA CODE							
< 3	061164	HAR	BASE CODE	R	W	P	S	U	T	YR
			BF7	4	3	3	3	3	2	61
5. DATE SUBMITTED MO DA YR		6. DATE OF BIRTH MO DA YR		WHEN FORM 144c DENOTES NO LANGUAGE COMPETENCE, ENTER THE FOLLOWING IN ITEM 4: "NO LANGUAGE" (12-DIGITS)						
	14	1	2	61	4	9	1	3	15	

LANGUAGE PROFICIENCY TEST DATA											
1. ID	2. EMPLOYEE NO.	3. NAME 3-LETTERS	4. CODE C-A-D	5. LANGUAGE DATA BEFORE TEST							
< 5				BASE CODE	R	W	P	S	U	T	YR
6. LANGUAGE DATA AFTER TEST			7. DATE OF TEST MO DA YR		DATA FOR ITEM 2 THRU 7 IS EXTRACTED FROM FORM 1273, LANGUAGE PROFICIENCY AND AWARDS DATA.						
BASE CODE											

QUALIFICATIONS RECORD CHANGE												
1. ID	2. EMP/APPL NO.	3. NAME 3-LETTERS	4. ENTER UNDER "TYPE" -									
< 4			A - ADDITION TO RECORD C - CHANGE TO EXISTING RECORD D - DELETION OF DATA FROM EXISTING RECORD									
TYPE	CODE # 1					CODE # 2						
	BASE	1	2	3	YR	BASE	1	2	3	YR		

SECRET

(When Filled In)

(11-0)		LANGUAGE DATA RECORD		
PART I-GENERAL				
1. NAME (Last-First-Middle) (7-24)		2. DATE OF BIRTH (25-30)		
HARVEY, WILLIAM		MONTH 7	DAY 13	YEAR 15
3. LANGUAGE (31-33)	4. TODAY'S DATE (34-39)		5.	
German	MONTH	DAY	YEAR	<input type="checkbox"/> I HAVE NO PROFICIENCY IN ANY FOREIGN LANGUAGE
PART II-LANGUAGE ELEMENTS				
SECTION A. Reading (40)				
1. I CAN READ TEXTS OF ANY DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY ONLY RARELY.				
(2) I CAN READ TEXTS OF MOST GRADES OF DIFFICULTY, OF A GENERAL NATURE OR IN FIELDS I AM FAMILIAR WITH, USING THE DICTIONARY OCCASIONALLY.				
3. I CAN READ TEXTS OF AVERAGE DIFFICULTY (newspapers, reference materials, etc.), USING THE DICTIONARY FREQUENTLY.				
4. I CAN READ SIMPLE TEXTS, SUCH AS STREET SIGNS, NEWSPAPER HEADLINES, ETC., USING THE DICTIONARY FREQUENTLY.				
5. I HAVE NO READING ABILITY IN THE LANGUAGE.				
SECTION B. Writing (41)				
1. I CAN WRITE PERSONAL LETTERS AND SIMILAR MATERIAL WITH COMPLETE SUCCESS WITHOUT USING THE DICTIONARY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH VERY FEW GRAMMATICAL ERRORS, IN NATIVE STYLE, USING THE DICTIONARY ONLY RARELY.				
2. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL WITH COMPLETE SUCCESS, USING THE DICTIONARY ONLY RARELY. I CAN WRITE FACTUAL NARRATIVE AND EXPOSITORY MATERIAL WITH REASONABLE CLARITY, WITH FEW GRAMMATICAL ERRORS, BUT IN A STYLE WHICH MAY NOT BE NATIVE, USING THE DICTIONARY OCCASIONALLY.				
(3) I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH OCCASIONAL MINOR GRAMMATICAL ERRORS AND IN OBVIOUSLY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY OCCASIONALLY.				
4. I CAN WRITE PERSONAL LETTERS AND SIMILAR SIMPLE MATERIAL, WITH REASONABLE SUCCESS IN CONVEYING MY MEANING, BUT WITH MANY GRAMMATICAL ERRORS AND IN A VERY FOREIGN, AWKWARD STYLE, USING THE DICTIONARY FREQUENTLY.				
5. I CANNOT WRITE IN THE LANGUAGE.				
SECTION C. Pronunciation (42)				
1. MY PRONUNCIATION IS NATIVE.				
2. WHILE NATIVES CAN DETECT AN ACCENT IN MY PRONUNCIATION THEY HAVE NO DIFFICULTY UNDERSTANDING ME.				
(3) MY PRONUNCIATION IS OBVIOUSLY FOREIGN, BUT ONLY RARELY CAUSES DIFFICULTY FOR NATIVES TO UNDERSTAND.				
4. MY PRONUNCIATION IS OCCASIONALLY DIFFICULT FOR NATIVES TO UNDERSTAND.				
5. I HAVE NO SKILL IN PRONUNCIATION.				
CONTINUE ON REVERSE SIDE				

CONTINUATION OF PART II - LANGUAGE ELEMENTS

SECTION D. Speaking (43)

- 1. I SPEAK FLUENTLY AND ACCURATELY IN ALL PRACTICAL AND SOCIAL SITUATIONS; I CONVERSE FREELY AND IDIOMATICALLY IN ALL FIELDS WITH WHICH I AM FAMILIAR.
- 2. I SPEAK FLUENTLY AND ACCURATELY IN NEARLY ALL PRACTICAL AND SOCIAL SITUATIONS; I CAN CONVERSE IN MOST FIELDS WITH WHICH I AM FAMILIAR AND I EMPLOY SOME POPULAR SAYINGS, LITERARY QUOTATIONS, AND COMMON PROVERBS.
- 3. I GET ALONG QUITE WELL IN SITUATIONS OF DAILY LIFE AND TRAVEL AND CAN CONDUCT ROUTINE BUSINESS IN PARTICULAR FIELDS.
- 4. I MANAGE TO GET ALONG IN THE MOST COMMON SITUATIONS OF DAILY LIFE AND TRAVEL.
- 5. I HAVE NO ABILITY TO USE THE LANGUAGE IN ANY OF THE ABOVE RESPECTS.

SECTION E. Understanding (44)

- 1. I UNDERSTAND NON-TECHNICAL CONVERSATION ON ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND NEARLY EVERYTHING I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 2. I UNDERSTAND NON-TECHNICAL CONVERSATION ON NEARLY ALL SUBJECTS, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MOST OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES, INCLUDING MOST JOKES AND PUNS.
- 3. I UNDERSTAND NEARLY ALL CONVERSATION ON TOPICS OF DAILY LIFE AND TRAVEL, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND MUCH OF WHAT I HEAR ON THE RADIO, AND AT THE MOVIES, PLAYS, AND LECTURES.
- 4. I UNDERSTAND THE SIMPLEST CONVERSATION, BOTH FACE-TO-FACE AND ON THE TELEPHONE; I UNDERSTAND SOME OF WHAT I HEAR ON THE RADIO AND AT THE MOVIES, PLAYS, AND LECTURES.
- 5. I AM NOT ABLE TO UNDERSTAND THE SPOKEN LANGUAGE.

BEFORE CONTINUING - CHECK PART II TO ENSURE THAT YOU HAVE CIRCLED ONE NUMBER PER SECTION.

PART III-EXPERIENCE AS TRANSLATOR OR INTERPRETER (45)

- 1. I HAVE HAD EXPERIENCE AS A TRANSLATOR.
- 2. I HAVE HAD EXPERIENCE AS AN INTERPRETER. *James Cook*
- 3. BOTH OF THE ABOVE STATEMENTS APPLY.
- 4. NONE OF THE ABOVE STATEMENTS APPLY.

PART IV-CERTIFICATION

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS CERTIFICATION CONSTITUTES MY APPLICATION FOR A MAINTENANCE AWARD PROVIDED I AM ELIGIBLE UNDER THE TERMS OF REGULATION NO. 29-115, PAR. 1C(4). I UNDERSTAND THAT I MUST PASS AN OBJECTIVE LANGUAGE PROFICIENCY TEST BEFORE I BECOME ELIGIBLE FOR AN AWARD, AND THAT IRRESPECTIVE OF THE DATE OF TESTING, ANNUAL MAINTENANCE AWARDS WILL BE CUMULATIVE AS OF THE ANNIVERSARY DATE OF COMPLETING THIS FORM.

DATE SIGNED

*10/2/61*

SIGNATURE

*William H. Kearney*

SECRET  
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 28-28
	LAST (Print)	FIRST	MIDDLE	
0 61164	HARVEY	WILLIAM	K.	50

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL			DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37		40-42
3 - CORRECTION								
5 - CANCELLATION	3				03	21		66

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37		40-42
4 - CORRECTION								
6 - CANCELLATION								

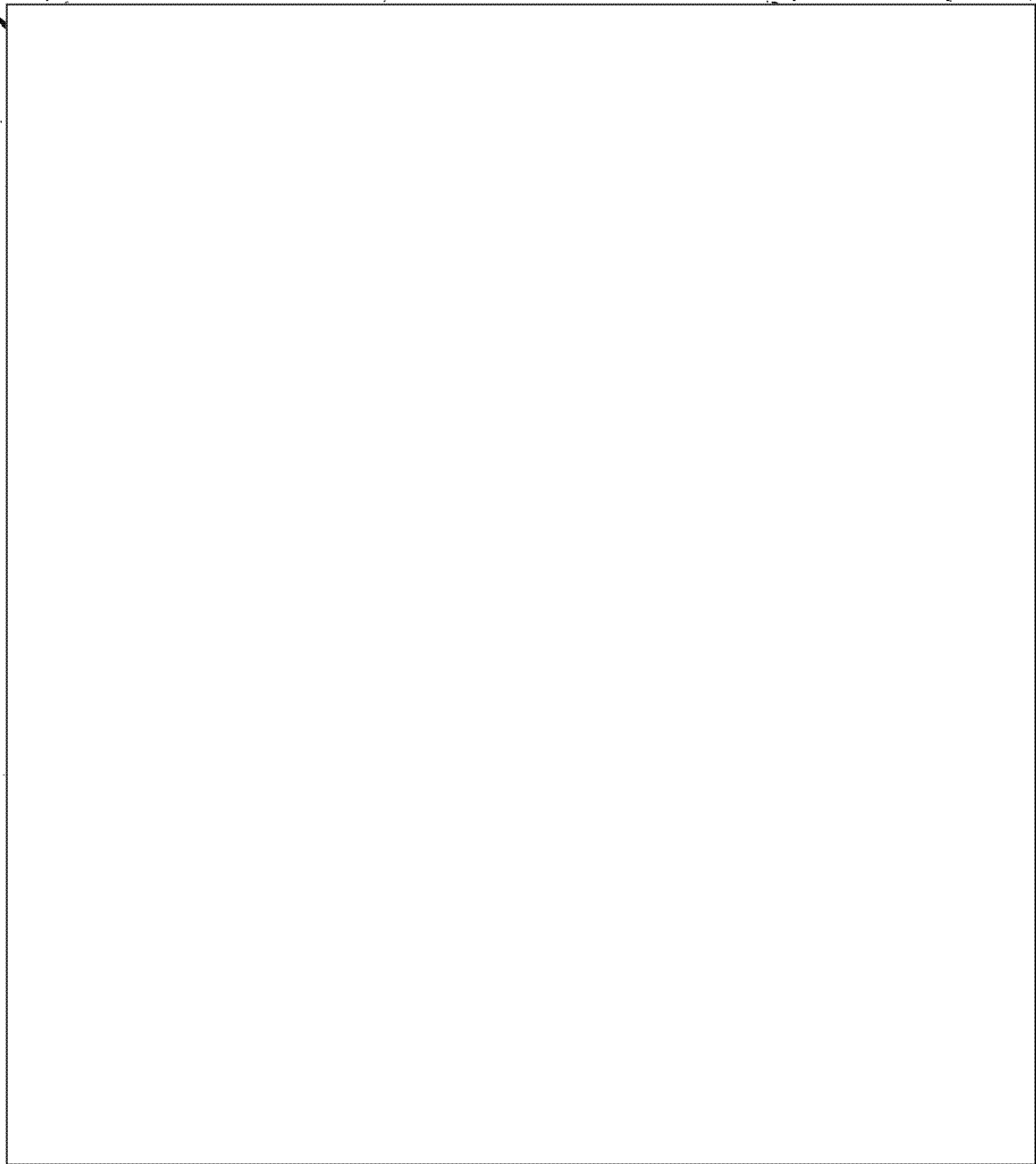
SOURCE OF RECORD DOCUMENT

<input type="checkbox"/>	TRAVEL VOUCHER	<input type="checkbox"/>	DISPATCH
<input checked="" type="checkbox"/>	CABLE	<input type="checkbox"/>	DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)			

DOCUMENT IDENTIFICATION NO. IN 80062	DOCUMENT DATE/PERIOD 22 March 1966
---	---------------------------------------

REMARKS

PREPARED BY	<input checked="" type="checkbox"/> REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & E DIVISION	DATE 3/29/66	SIGNATURE
<input checked="" type="checkbox"/> C & Y DIVISION		



SECRET  
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 556 Headquarters

EMPLOYEE SERIAL NO: 1-8	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST (Print)	FIRST	MIDDLE	
061164	ELZEY, WILLIAM K.			50

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL			DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
1 - PCS (Basic)	27	29-29	30-31	32-33	34-35	36-37	[ ]	40-42
3 - CORRECTION								
5 - CANCELLATION	1				01	08		66

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	27	29-29	30-31	32-33	34-35	36-37	[ ]	40-42
4 - CORRECTION								
6 - CANCELLATION								

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. IN 26160	DOCUMENT DATE/PERIOD 4 Jan. 1966
---	-------------------------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & L DIVISION	13 Jan. 1966	[ ]
<input checked="" type="checkbox"/> C & T DIVISION		

**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

**TO:**

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 29-28
	LAST (Print)	FIRST	MIDDLE	
61164	Harvey	William	K	50

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION; (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

**PCS DATES OF SERVICE**

TYPE OF DATA	ARRIVAL			DEPARTURE			COUNTRY	OMIT 40-42
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	
3 - CORRECTION								
5 - CANCELLATION	1	06	30	63				365

**TDY DATES OF SERVICE**

TYPE OF DATA	DEPARTURE			RETURN			AREAS	OMIT 40-
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	
4 - CORRECTION								
6 - CANCELLATION								

**SOURCE OF RECORD DOCUMENT**

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input checked="" type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. <input type="checkbox"/> 9530 IN 70729	DOCUMENT DATE/PERIOD
---	----------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITEZ
<input checked="" type="checkbox"/> FISCAL DIVISION	DATE 7/20/63	SIGNATURE <i>[Signature]</i>
<input type="checkbox"/> FINANCE DIVISION		

**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE 130470 FEB 61**

**TO:** Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-3 <i>1461</i>	<i>(Prest)</i>	<i>8-23</i>		<i>24-25</i> <i>34</i>

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

**PCS DATES OF SERVICE**

TYPE OF DATA	ARRIVAL				DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-39		39-41
3 - CORRECTION									
5 - CANCELLATION									

**TDY DATES OF SERVICE**

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-39	39-41
4 - CORRECTION								
6 - CANCELLATION		<i>04</i>			<i>05</i>			<i>801</i>

**SOURCE OF RECORD DOCUMENT**

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. <i>ST-1000</i>	DOCUMENT DATE/PERIOD
---	----------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		



**SECRET**  
(When Filled In)

**VERIFIED RECORD OF OVERSEAS SERVICE**

130471 FEB 561

**TO:**

Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-5	6-23			26-28
6-1104	Harvey	William		34

**INSTRUCTIONS**

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

**PCS DATES OF SERVICE**

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38	39-41	
3 - CORRECTION									
5 - CANCELLATION									

**TDY DATES OF SERVICE**

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	26	27-28	29-30	31-32	33-34	35-36	37-38	39-41	
4 - CORRECTION									
6 - CANCELLATION		10			11	0		801	

**SOURCE OF RECORD DOCUMENT**

1 TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. <i>PI-100-61</i>	DOCUMENT DATE/PERIOD
---	----------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE	SIGNATURE
FINANCE DIVISION		

CONFIDENTIAL  
(When Filled In)

*O/R - Personnel T & R*

INSTRUCTIONS: COMPLETE IN DUPLICATE. THE DATA RECORDED ON THIS FORM IS ESSENTIAL IN DETERMINING TRAVEL EXPENSES ELIGIBILITY IN CONNECTION WITH LEAVE AT GOVERNMENT EXPENSE, OVERSEAS DUTY, RETURN TO RESIDENCE UPON SEPARATION, AND FOR PROVIDING CURRENT RESIDENCE AND DEPENDENCY INFORMATION REQUIRED IN THE EVENT OF AN EMPLOYEE EMERGENCY. THE ORIGINAL OF THIS FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

1. NAME OF EMPLOYEE (Last) (First) (Middle)  
**HARVEY WILLIAM KING**

RESIDENCE DATA  
 PLACE OF RESIDENCE WHEN APPOINTED: \_\_\_\_\_  
 LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad): \_\_\_\_\_

PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE  
**88 W. IRVING ST. Chevy Chase, Md**

2. MARITAL STATUS  
 CHECK (X) ONE:  SINGLE  MARRIED  SEPARATED  DIVORCED  WIDOWED  ANNULLED

IF MARRIED, INDICATE PLACE OF MARRIAGE: **Berlin** DATE OF MARRIAGE: **3/2/54**

IF DIVORCED, PLACE OF DIVORCE DECREE: \_\_\_\_\_ DATE OF DECREE: \_\_\_\_\_

IF WIDOWED, INDICATE PLACE SPOUSE DIED: \_\_\_\_\_ DATE SPOUSE DIED: \_\_\_\_\_

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S): \_\_\_\_\_

3. MEMBERS OF FAMILY

NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NUMBER	
<b>CIARA GRACE, nee Follick</b>	<b>Above</b>		
NAMES OF CHILDREN	ADDRESS	SEX	AGE
<b>JAMES</b>	<b>Same</b>	<b>M</b>	<b>12</b>
<b>SALLY</b>		<b>F</b>	<b>18 Mo</b>
NAME OF FATHER (Or male guardian)	ADDRESS	TELEPHONE NUMBER	
<b>Deceased</b>			
NAME OF MOTHER (Or female guardian)	ADDRESS	TELEPHONE NUMBER	
<b>SARA K. HARVEY</b>	<b>INDIANAPOLIS, Ind 1615 NORTHWOOD DRIVE</b>	<b>2 2579</b>	

WHAT MEMBER(S) OF YOUR FAMILY HAS BEEN TOLD OF YOUR AFFILIATION WITH THE AGENCY FOR EMERGENCY PURPOSES?  
**Mother**

4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP
<b>Wife - Above</b>	
HOME ADDRESS (No., Street, City, Zone, State)	HOME TELEPHONE NUMBER
	<b>OK 4-5178</b>
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION

IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION?  
 YES  NO

IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF?  
 YES  NO

DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE?  
 YES  NO

THE PERSONS NAMED IN ITEM 3 ABOVE MAY ALSO BE NOTIFIED IN CASE OF EMERGENCY. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

5. VOLUNTARY ENTRIES  
 INDICATE ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS  
**BANK & BANK OF SILVER SPRING HAMILTON NATIONAL**

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT

CONFIDENTIAL  
(When Filled In)

5. (CONTINUED)

IN WHOSE NAME(S) ARE THE ACCOUNTS LISTED?

SELF & WIFE JOINTLY

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT?  YES  NO. IF "YES", WHERE IS DOCUMENT LOCATED?

HAVE YOU EXECUTED A POWER OF ATTORNEY?  YES  NO. IF "YES", WHO POSSESSES THE POWER OF ATTORNEY?

WIFE

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

DATE

11/9

SIGNATURE

William H. Harney

CONFIDENTIAL

00/Rev

S-E-C-R-E-T  
(When filled in)

TUTORIAL TRAINING REPORT

03/11/63 - 06/17/63

Student : William K. Harvey

Office : WE

Year of Birth: 1915

Service Designation: D

Grade : 18

No. of Students : 1

EOD Date : 09/47

Instructor: Mrs.

This is to certify that William K. Harvey  
received 92 hours of tutorial training in  
 language.

Beginner : X

Non-beginner : \_\_\_\_\_

FOR THE DIRECTOR OF TRAINING: Bengt C. Herder  
BENGT C. HERDER  
Chief Instructor

10/21/63  
Date

S-E-C-R-E-T  
(When filled in)

GROUP 1  
Excluded from automatic  
downgrading and  
declassification

Pre 1961 Personnel  
Material

SECRET  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST 28 November 1966	
2. NAME (Last, First, Middle) Harvey, William K.		3. POSITION TITLE	4. GRADE OS-18
5. OFFICE, DIVISION, BRANCH		6. EMPLOYEE'S EXT. 6765	
7. PURPOSE OF EVALUATION <span style="float: right;">Room 3E 30</span>			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input checked="" type="checkbox"/> ANNUAL - Executive  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 2px;">         ETD          STATION          TDY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 2px;">         ETA          STATION          NO. OF DEP.'S       </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE	
		ROOM NO. & BUILDING	EXT.
10. COMMENTS  <div style="text-align: center;">QUALIFIED FOR CURRENT DUTIES AT HEADQUARTERS</div>			
11. REPORT OF EVALUATION			
DATE  24 MAY 1967		SIGNATURE FOR CHIEF OF MEDICAL STAFF  <div style="border: 1px solid black; padding: 2px; width: 100px; margin: 0 auto;">           PHYSICAL REQUIREMENTS OFFICER         </div>	

SECRET  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>31 January 1966</b>	
2. NAME (Last, First, Middle) <b>HARVEY, William K.</b>		3. POSITION TITLE	4. GRADE
5. OFFICE, DIVISION, BRANCH <b>WE</b>		6. EMPLOYEE'S EXT.	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input checked="" type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input type="checkbox"/> OVERSEAS ASSIGNMENT <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">         ETD          STATION          TDY OR PCS          TYPE OF COVER          NO. OF DEPENDENTS TO ACCOMPANY          NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 34) ATTACHED       </div> <input type="checkbox"/> RETURN FROM OVERSEAS <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">         ETA          STATION          NO. OF DEP.'S       </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE	
		ROOM NO. & BUILDING	EXT.
10. COMMENTS  <b>Qualified for Current Duties</b>			
11. REPORT OF EVALUATION  <b>31 January 1966</b>			
DATE <b>31 January 1966</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	

SECRET  
(When Filled In)

*for a copy*

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST <b>17 March 1965</b>																			
2. NAME (Last, First, Middle) <b>HARVEY, William E.</b>		3. POSITION TITLE <b>COS</b>	4. GRADE <b>GS-13</b>																		
5. OFFICE, DIVISION, BRANCH <b>WE DIVISION</b>		6. EMPLOYEE'S EXT. <b>7157</b>																			
7. PURPOSE OF EVALUATION																					
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <table border="1" style="width: 100%;"> <tr><td>ETD</td></tr> <tr><td><b>10 March 1965</b></td></tr> <tr><td>STATION</td></tr> <tr><td> </td></tr> <tr><td>TDY OR PCS</td></tr> <tr><td><b>PCS</b></td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td> </td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr> <tr><td><b>2</b></td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> <tr><td><b>0</b></td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS  <table border="1" style="width: 100%;"> <tr><td>ETA</td></tr> <tr><td> </td></tr> <tr><td>STATION</td></tr> <tr><td> </td></tr> <tr><td>NO. OF DEP.'S</td></tr> <tr><td> </td></tr> </table>		ETD	<b>10 March 1965</b>	STATION		TDY OR PCS	<b>PCS</b>	TYPE OF COVER		NO. OF DEPENDENTS TO ACCOMPANY	<b>2</b>	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	<b>0</b>	ETA		STATION		NO. OF DEP.'S	
ETD																					
<b>10 March 1965</b>																					
STATION																					
TDY OR PCS																					
<b>PCS</b>																					
TYPE OF COVER																					
NO. OF DEPENDENTS TO ACCOMPANY																					
<b>2</b>																					
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED																					
<b>0</b>																					
ETA																					
STATION																					
NO. OF DEP.'S																					
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER																			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGNATURE [Redacted]																			
		ROOM NO. & BUILDING <b>4-B-440</b>	EXT. <b>7157</b>																		
10. COMMENTS  <b>259 forwarded at request of [Redacted] QUALIFIED FOR PROPOSED O S PCS</b>																					
11. REPORT OF EVALUATION		[Redacted]																			
DATE <b>13 22 65</b>		SIGNATURE FOR CHIEF OF MEDICAL STAFF																			



SECRET

(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST 17 March 1965	
2. NAME (Last, First, Middle) Dependents of <b>HARVEY, William K.</b>		3. POSITION TITLE COS	4. GRADE GS-18
5. OFFICE, DIVISION, BRANCH WB DIVISION		6. EMPLOYEE'S EXT. 7157	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input type="checkbox"/> TOY STANDBY Dependents: <input type="checkbox"/> SPECIAL TRAINING Wife: Clara G. Daughter: Sally J., 10 Aug 58  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TOY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  <div style="border: 1px solid black; padding: 5px;">           ETD            10 March 1965            STATION            _____            _____            D.O.C.            TYPE OF COVER            _____            NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED            2            0         </div> <input type="checkbox"/> RETURN FROM OVERSEAS  <div style="border: 1px solid black; padding: 5px;">           ETA            _____            STATION            _____            NO. OF DEP.'S            _____         </div>	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIGN _____	
		ROOM NO. & BUILDING 1 5 1104	
		EXT. 7157	
10. COMMENTS 259 forwarded at request of _____			
<b>QUALIFIED FOR PROPOSED O S PCS</b>			
11. REPORT OF EVALUATION _____ _____			
DATE		SIGNATURE FOR CHIEF OF MEDICAL STAFF _____	

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST
2. NAME (Last, First, Middle) <b>William K. Harvey</b>		<b>16 May 1963</b>
3. POSITION TITLE <b>Chief of Station</b>		4. GRADE <b>GS-18</b>
5. OFFICE, DIVISION, BRANCH <b>WE Division</b>		6. EMPLOYEE'S EXT.
7. PURPOSE OF EVALUATION		
<input type="checkbox"/> PRE-EMPLOYMENT	<input type="checkbox"/> HQS/TDY	<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT
<input type="checkbox"/> ENTRANCE ON DUTY	ETA <b>o/a 1 July 1963</b>	
<input type="checkbox"/> TDY STANDBY	STATION	
<input type="checkbox"/> SPECIAL TRAINING	TDY OR PCS <b>PCS</b>	
<input type="checkbox"/> ANNUAL	TYPE OF COVER	
<input type="checkbox"/> RETURN TO DUTY	NO. OF DEPENDENTS TO ACCOMPANY <b>3</b>	
<input type="checkbox"/> FITNESS FOR DUTY	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED <b>0</b>	
<input type="checkbox"/> MEDICAL RETIREMENT	<input type="checkbox"/> RETURN FROM OVERSEAS	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER
<input checked="" type="checkbox"/> YES	SIGNATURE * <i>[Signature]</i>	
<input type="checkbox"/> NO	ROOM NO. & BUILDING <b>4 B 4404</b>	
		EXT. <b>7157</b>
10. COMMENTS <b>Request evaluation for above PCS.</b>		
11. REPORT OF EVALUATION		
DATE <b>17 May 1963</b>	SIGNATURE FOR CHIEF OF MEDICAL STAFF	

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST 16 May 1963										
2. NAME (Last, First, Middle) Dependents of William K. Harvey		2. POSITION TITLE Chief of Station										
3. OFFICE, DIVISION, BRANCH WE Division		4. GRADE GS-18										
7. PURPOSE OF EVALUATION		6. EMPLOYEE'S EXT. 5356										
<input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> ENTRANCE ON DUTY <input type="checkbox"/> TDY STANDBY <input type="checkbox"/> SPECIAL TRAINING <input type="checkbox"/> ANNUAL <input type="checkbox"/> RETURN TO DUTY <input type="checkbox"/> FITNESS FOR DUTY <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> HQS/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT <table border="1"> <tr><td>ETA</td></tr> <tr><td>o/a 1 July 1963</td></tr> <tr><td>STATION</td></tr> <tr><td>TDY OR PCS PCS</td></tr> <tr><td>TYPE OF COVER</td></tr> <tr><td>NO. OF DEPENDENTS TO ACCOMPANY 3</td></tr> <tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr> </table> <input type="checkbox"/> RETURN FROM OVERSEAS <table border="1"> <tr><td>ETA</td></tr> <tr><td>STATION</td></tr> <tr><td>NO. OF DEP.'S</td></tr> </table>	ETA	o/a 1 July 1963	STATION	TDY OR PCS PCS	TYPE OF COVER	NO. OF DEPENDENTS TO ACCOMPANY 3	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED	ETA	STATION	NO. OF DEP.'S
ETA												
o/a 1 July 1963												
STATION												
TDY OR PCS PCS												
TYPE OF COVER												
NO. OF DEPENDENTS TO ACCOMPANY 3												
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED												
ETA												
STATION												
NO. OF DEP.'S												
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER										
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SIG: [Signature]										
		ROOM NO. & BUILDING 4 B 4404										
		E.A.T. 7157										

10. COMMENTS  
89's on file in medical office - per telephone conversation 16 May 63

11. REPORT OF EVALUATION

DATE JUN 1963

SIGNATURE FOR CHIEF OF MEDICAL STAFF [Signature]

SECRET  
(When Filled In)

<b>REQUEST FOR MEDICAL EVALUATION</b>		1. DATE OF REQUEST 25 January 1962	
2. NAME (Last, First, Middle) HARVEY, WILLIAM K.		3. POSITION TITLE Chief	4. GRADE GS-18
5. OFFICE, DIVISION, BRANCH FI/Division D		6. EMPLOYEE'S EXT. 8471	
7. PURPOSE OF EVALUATION			
<input type="checkbox"/> PRE-EMPLOYMENT  <input type="checkbox"/> ENTRANCE ON DUTY  <input checked="" type="checkbox"/> <del>XXXXXXXXXXXXXXXXXXXX</del>  <input checked="" type="checkbox"/> TDY STANDBY  <input type="checkbox"/> SPECIAL TRAINING  <input type="checkbox"/> ANNUAL  <input type="checkbox"/> RETURN TO DUTY  <input type="checkbox"/> FITNESS FOR DUTY  <input type="checkbox"/> MEDICAL RETIREMENT		<input type="checkbox"/> NONE/TDY <input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT  ETD 28 January 1962 STATION _____ TDY OR PCS TDY TYPE OF COVER _____ NO. OF DEPENDENTS TO ACCOMPANY NONE NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED _____  <input type="checkbox"/> RETURN FROM OVERSEAS  ERA _____ STATION _____ NO. OF DEPS _____	
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER	
<input checked="" type="checkbox"/> YES  <input type="checkbox"/> NO		SIGNATURE <i>[Signature]</i>	
		ROOM NO. & BUILDING 1505 - I Building	EXT. hh6h
10. RESUME OF EVALUATION/COMMENTS			
11. REPORT OF EVALUATION AND RECOMMENDATION <i>[Signature]</i>			
DATE ... 1962		SIGNATURE FOR CHIEF OF MEDICAL STAFF <i>[Signature]</i>	

SECRET  
(When Filled In)

REQUEST FOR MEDICAL EVALUATION		1. DATE OF REQUEST												
2. NAME (Last, First, Middle) <b>Harvey, William K.</b>		20 October 1960												
3. POSITION TITLE <b>Division Chief</b>		4. GRADE <b>GS-18</b>												
5. OFFICE, DIVISION, BRANCH <b>FI Staff, Division D</b>		6. EMPLOYEE'S EXT. <b>8471</b>												
7. PURPOSE OF EVALUATION														
<input type="checkbox"/> PRE-EMPLOYMENT	<input checked="" type="checkbox"/> OVERSEAS ASSIGNMENT													
<input type="checkbox"/> ENTRANCE ON DUTY	<table border="1"><tr><td>ETD</td><td>28 October 1960</td></tr><tr><td>STATION</td><td>Germany and Switzerland</td></tr><tr><td>TDY OR PCS</td><td>TDY</td></tr><tr><td>TYPE OF COVER</td><td></td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td><td>None</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED</td><td></td></tr></table>		ETD	28 October 1960	STATION	Germany and Switzerland	TDY OR PCS	TDY	TYPE OF COVER		NO. OF DEPENDENTS TO ACCOMPANY	None	NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED	
ETD	28 October 1960													
STATION	Germany and Switzerland													
TDY OR PCS	TDY													
TYPE OF COVER														
NO. OF DEPENDENTS TO ACCOMPANY	None													
NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 49) ATTACHED														
<input type="checkbox"/> OVERSEAS RETURN														
<input type="checkbox"/> TDY STANDBY														
<input type="checkbox"/> SPECIAL TRAINING														
<input type="checkbox"/> ANNUAL														
<input type="checkbox"/> RETURN TO DUTY														
<input type="checkbox"/> FITNESS FOR DUTY														
<input type="checkbox"/> MEDICAL RETIREMENT														
8. OVERSEAS PLANNING EVALUATION (One block must be checked)		9. REQUESTING OFFICER												
<input checked="" type="checkbox"/> YES	SIGNATURE													
<input type="checkbox"/> NO	ROOM NO. & BUILDING	EXT.												
	1505 L	4464												

10. REPORT OF EVALUATION	
Subject departed on another TDY prior to evaluation. However is Qualified for proposed TDY.	
DATE	
	NOV 1960

SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT

1. REQUEST FOR PHYSICAL EXAMINATION BY _____		FI/D ADGALH	
2. NAME (Last) (First) (Middle) <b>LAWRY, William R.</b>		3. DATE <b>9 April 1960</b>	
3. TO POSITION	4. OFFICE, DIVISION, BRANCH <b>FI/Division D</b>	5. GRADE <b>GS-18</b>	
6. TYPE OF POSITION <input checked="" type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input type="checkbox"/> Overseas	7. EVALUATE FOR <input type="checkbox"/> EOD <input type="checkbox"/> Pre-Employment <input checked="" type="checkbox"/> Overseas <input checked="" type="checkbox"/> SDY <input type="checkbox"/> Annual <input type="checkbox"/> Returned <input type="checkbox"/> Special (Specify)		
II REPORT OF MEDICAL EVALUATION			
<input type="checkbox"/> Qualified for Full Duty (General)		<input type="checkbox"/> Qualified for Full Duty (Special)	
<input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Disqualified	
Remarks:			
<p>14 JUN 1960</p> <p>QUALIFIED FOR DEPARTMENTAL DUTIES AND PROPOSED FOR U.S. ASSIGNMENT</p> <p>SECRET</p> <p><i>Roland</i></p> <p>MEDICAL OFFICE</p>			

SECRET  
(When Filled In)

MEDICAL ACTION REQUEST AND REPORT			
<b>I. REQUEST FOR PHYSICAL EXAMINATION BY</b>			
1. NAME (Last)	(First)	(Middle)	2. DATE
HARVEY	William	K.	10/10 1957
3. TO POSITION	4. OFFICE, DIVISION, BRANCH	5. GRADE	
Germany	DDP/SS/	USC36	
6. TYPE OF POSITION	7. EVALUATE FOR		
<input type="checkbox"/> Departmental <input type="checkbox"/> U.S. Field <input checked="" type="checkbox"/> Overseas PCS	<input type="checkbox"/> COO <input checked="" type="checkbox"/> Overseas PCS <input type="checkbox"/> Returnee <input type="checkbox"/> Pre-Employment <input type="checkbox"/> Annual <input type="checkbox"/> Special (Specify)		
Second tour.			
<b>II. REPORT OF MEDICAL EVALUATION</b>			
<input type="checkbox"/> Qualified for Full Duty (General)		<input type="checkbox"/> Qualified for Full Duty (Special)	
<input type="checkbox"/> Qualified for Departmental Duty Only		<input type="checkbox"/> Disqualified	
Remarks: Please notify <input type="text"/> X3041, of results.			
<b>QUALIFIED FOR PROPOSED PCS D/S ASSIGNMENT</b> - OCT 9 1957			
<i>Frederick J. [Signature]</i>			
SECRET		MEDICAL OFFICE	

REPORT OF PHYSICAL QUALIFICATIONS

NAME H. Arvey, William King		DATE 8/21/52
FOR VOUCHERED EMPLOYEE ONLY		
NATURE OF ACTION	TITLE OF POSITION	
GRADE	DEPT.	FIELD
SUBJECT FOUND <input type="checkbox"/> FIT <input type="checkbox"/> UNFIT FOR DUTY IN THE ABOVE GRADE AND POSITION.		
FOR UNVOUCHERED EMPLOYEE ONLY		
SUBJECT QUALIFIED FOR: <input type="checkbox"/> FULL DUTY OVERSEAS <input checked="" type="checkbox"/> LIMITED DUTY OVERSEAS <input type="checkbox"/> DUTY IN USA ONLY		
PROFILE SERIAL (MILITARY ONLY)	<input type="checkbox"/>	<input type="checkbox"/>
DEFECTS NOTED AND/OR RECOMMENDATIONS:  <i>Nox - arduous O.K. for TDY  o/s where medical  facilities are  available</i>		
		PHYSICAL REQUIREMENTS OFFICER



OSO

REPORT PHYSICAL QUALIFICATIONS & DUTY

31 Jan 51 194

Harvey, William K. WAS GIVEN A PHYSICAL EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

Overseas

FULL DUTY OVERSEAS  LIMITED DUTY OVERSEAS  DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

--	--	--	--	--	--

DEFECTS NOTED:

Approved for TDY. To report to Medical after TDY

JOHN R. TIRTJEN, M.D.

### PHYSICAL QUALIFICATION RECORD

NAME  HARVEY, WILLIAM K.	NATURE OF ACTION  E.O.D.
TITLE OF POSITION  Intelligence Officer	GRADE  P-7
DEPARTMENT OR FIELD  Departmental	

Subject was found physically  fit  unfit for duty with this organization in the above grade and position. 10 May 1948

RECOMMENDATIONS:

2 February 1949

DATE

*John R. Tetter*  
 SIGNATURE OF PHYSICAL REQUIREMENTS OFFICER

CENTRAL INTELLIGENCE AGENCY  
WASHINGTON 25, D. C.  
REPORT OF PHYSICAL QUALIFICATIONS FOR DUTY

10 December 1948

Harvey, William C/O WAS GIVEN A PHYSICAL  
EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

FULL DUTY OVERSEAS     LIMITED DUTY OVERSEAS     DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)   

DEFECTS NOTED:    None

John W. Patten  
Capt., IIC

720

CENTRAL INTELLIGENCE GROUP  
WASHINGTON 25, D. C.  
REPORT ON PHYSICAL QUALIFICATIONS FOR DUTY

~~10~~ ~~10~~ 194

SERGEANT, U.S. ARMY WAS GIVEN A PHYSICAL

EXAMINATION ON THIS DATE AND FOUND QUALIFIED FOR

OF DUTY

FULL DUTY OVERSEAS     LIMITED DUTY OVERSEAS     DUTY IN USA ONLY

PROFILE SERIAL (FOR ARMY EM ONLY)

DEFECTS NOTED:

None

*John R. P. [Signature]*

**APPLICATION FOR FEDERAL EMPLOYMENT**

**NEVER WRITE IN THESE SPACES** - This is for the use of the Commission. If you are applying for a position in the United States, you must first obtain the appropriate endorsement card, if any, from the State Department or other agency having jurisdiction over the appointment. Be sure to mail to the same office any other forms required by the Service Bureau. Notify the office with which you file this application of any change in your address.

SELECTION BY: **ADMINISTRATIVE**

1. Name of examination, or kind of position desired for: \_\_\_\_\_

2. Optional subject (if mentioned in examination announcement): \_\_\_\_\_

3. Place of employment applied for:  
**C.I.O.**

4. Name (last, first, middle) (Mr, Mrs, Miss, Ms, etc.):  
**William King Harvey**

5. Street and number or R. F. D. number:  
**2627 39th Street N.W.**

6. City or post office and fully postal zone and State:  
**Washington, D. C.**

7. Name of voting residence (State, County, Precinct No.):  
**Kentucky OR 2914**

8. Place of birth (city and State if born in the U. S., name city and country):  
**Danville, Indiana**

9. Date of birth (month, day, year): **9/13/15** Age last birthday: **31** Sex:  Male  Female

10.  Married  Single  Widowed  Divorced  Other: \_\_\_\_\_

11. Height without shoes: **5 11** inches Weight: **185** pounds

12. Have you ever been employed by the Federal Government?  Yes  No  
If now employed by the Federal Government, give present grade and date of last change in grade: \_\_\_\_\_

**DO NOT WRITE IN THIS BLOCK**  
For Use of Civil Service Commission Only.

<input type="checkbox"/> Approved	<input type="checkbox"/> Material	<input type="checkbox"/> Entered register		
<input type="checkbox"/> Disapproved	<input type="checkbox"/> Submitted	<input type="checkbox"/> Returned		
Name of Applicant		App. Reviewer:		
Approved:				
OFFICE	GRADE	LEARNED RATING	DIFFERENCE	ANNUAL RATING
			<input type="checkbox"/> 5 points (best)	
			<input type="checkbox"/> 10 points	
			<input type="checkbox"/> Wife or Widower	
			<input type="checkbox"/> Deaf	
			<input type="checkbox"/> Being Investigated	
INITIALS AND DATE				

13. (a) Would you accept short term appointment if offered for—

1 to 3 months	YES	NO
3 to 6 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 to 12 months	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(b) Would you accept appointment if offered—

In Washington, D. C.	YES	NO
anywhere in the United States	<input checked="" type="checkbox"/>	<input type="checkbox"/>
outside the United States	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. (c) If you will accept appointment in certain locations ONLY, give acceptable locations: \_\_\_\_\_

(d) What is the lowest entrance salary you will accept per year? **CAP. 13 P 6**

You will not be considered for positions paying less.

(e) If you are willing to travel, specify:  Occasionally  Frequently  Constantly

15. EXPERIENCE—You are requested to furnish all information asked for below in sufficient detail to enable the Civil Service Commission and the appointing offices or agencies to determine your qualifications for which you are applying. In the space provided below describe EVERY position you have held. Use a separate block for EACH position. You must include any pertinent relations, civic, welfare or organizational activities which you have performed, either with or without compensation, showing the nature of your job work and wages per year in which you were engaged in such activity. Start with your PRESENT position and work back, accounting for all periods of unemployment. Explain clearly the principal tasks which you performed in each position. Describe your experience in the Armed Services in question 17 (Military Experience).

(a) If you were ever employed in any position under a name different from that shown in item 4 of this application, give under "Description of your work" for each position, the name used.

(b) If you have never been employed or are now unemployed, indicate that fact in the space provided below for "Present Position."

**PRESENT POSITION**

Name of employment (Month year): From: _____ To present time	Exact title of your present position:	Salary or earnings: Starting \$ per _____ Present \$ per _____
Place of employment (city and State):	Description of your work:	
Name and address of employer (firm, organization, or person): If Federal, name department, bureau or establishment and division:		
Kind of business or organization (e. g., wholesale and mercantile agency, mfr. of locks, etc.):		
Number and kind of employees supervised by you:		
Name and title of immediate supervisor:		
Reason for desiring to change employment:		

(CONTINUED ON NEXT PAGE)

IS CONTINUED

From <b>12/9/40</b> To <b>8/22/47</b> Name and address of employer (firm, organization, or person) <b>Washington, D. C.</b> <b>N.Y., N.Y., Pittsburgh, Pa.,</b> Federal, State, Territorial, Bureau or establishment and division <b>FBI - Dept. of Justice</b> Kind of business or organization (e.g., wholesale and insurance agency, etc.) <b>Law Enforcement-counter Intelligence</b> Number and kind of employees supervised by you <b>various</b> Name and title of immediate supervisor <b>D. N. Ladd</b> Reason for leaving <b>voluntary</b>	Exact title of your position <b>Special Agent &amp; Supervisor</b> Description of your work <b>Supervision of Counter-Intelligence operation</b> Salary or earnings Starting \$ <b>3200</b> per annum Final \$ <b>7000</b> per annum
From <b>9/37</b> To <b>12/40</b> Name and address of employer (firm, organization, or person) <b>Mayville, Ky</b> Federal, State, Territorial, Bureau or establishment and division <b>Self</b> Kind of business or organization (e.g., wholesale and insurance agency, etc.) <b>Practice of Law</b> Number and kind of employees supervised by you <b>None</b> Name and title of immediate supervisor <b>None</b> Reason for leaving <b>Voluntary</b>	Exact title of your position <b>Attorney-at-law</b> Description of your work <b>General Practice of Law</b> Salary or earnings Starting \$ per Final \$ per
From <b>6/31</b> To <b>9/33</b> Name and address of employer (firm, organization, or person) <b>Dansville, Indiana</b> Federal, State, Territorial, Bureau or establishment and division <b>Dansville Gazette</b> <b>Dansville, Indiana</b> Kind of business or organization (e.g., wholesale and insurance agency, etc.) <b>Newspaper</b> Number and kind of employees supervised by you <b>None</b> Name and title of immediate supervisor <b>Alvin Hall, Editor</b> Reason for leaving <b>Voluntary</b>	Exact title of your position <b>Reporter &amp; Printer</b> Description of your work <b>General Newspaper Publishing business</b> Salary or earnings Starting \$ per Final \$ per
From To Name and address of employer (firm, organization, or person) Federal, State, Territorial, Bureau or establishment and division Kind of business or organization (e.g., wholesale and insurance agency, etc.) Number and kind of employees supervised by you Name and title of immediate supervisor Reason for leaving	Exact title of your position Description of your work Salary or earnings Starting \$ per Final \$ per

If more space is required use a continuing sheet (Standard Form No. 58) or a sheet of paper the same size as this page. Write on each sheet your name, address, date of birth, and occupation. Attach to inside of the application.

17. MILITARY EDUCATION: In order to make the most effective use of your military education and experience, you have a special or technical subject while in the service, write in item (a) "No attendance" and indicate in item (b) all important duty assignments, showing dates of such assignments.

(a) First Special or Technical Subject: **None**

(b) What were the important duty assignments during your military service?

Location: \_\_\_\_\_

Dates attended (months, years): \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Rating received at end of this training: \_\_\_\_\_

(c) Duty assignment or posting after this training (give all important details in duty assignment whether or not you attended a Service School): \_\_\_\_\_

(d) What did you do during this duty assignment?

Dates of duty assignment (months, years): \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

(e) Second Special or Technical Subject: \_\_\_\_\_

(f) What were the important duty assignments during your military service?

Location: \_\_\_\_\_

Dates attended (months, years): \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Rating received at end of this training: \_\_\_\_\_

(g) Duty assignment after this training: \_\_\_\_\_

(h) What did you do during this duty assignment?

Dates of duty assignment (months, years): \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

List on a separate sheet of paper any additional experience, training, service, or special duty assignments during military service or hospitalization.

18. EDUCATION - Circle highest grade completed:  
 1 2 3 4 5 6 7 8 9 10 11 12

Mark (x) the appropriate box to indicate satisfactory completion of:

Elementary School  Junior High School  Senior High School

Wiley High School Terre Haute, Indiana

(a) Name and Location of College or University	Major	Dates Attended		Years Completed		Degrees Conferred		Semester Hours Credit
		From	To	Day	Night	Title	Date	
Indiana University Bloomington, Indiana	LAW	1933	1937	6		LLB	9/37	180
(b) List Your Chief Undergraduate College Subjects		List Your Chief Graduate College Subjects		Semester Hours				
Journalism		Law		20				95
Phil & Psych				20				

(c) Other training, such as vocational, technical, flight courses given through the Armed Forces Institute above name and location of school, or in service training in a Federal agency:

Subject Studied	Dates Attended		Years Completed	
	From	To	Day	Night

19. Indicate your knowledge of foreign languages:

Language	READING			SPEAKING			UNDERSTANDING		
	Ext	Good	Fair	Ext	Good	Fair	Ext	Good	Fair
German			X						

20. Have you ever been a licensed or certified member of any trade or profession and, as pilot, electrician, radio operator, teacher, lawyer, CPA, etc.)  
 Yes  No Give kind of license and State: **Attorney**

First license or certificate (year): **'37 at Law - Ind. & Ky**

Year license or certificate (year): **'47**

(a) How was your knowledge of foreign languages acquired?  
**Study**

(b) If you have traveled or resided in any foreign countries, indicate (1) names of countries, (2) dates and length of time spent there and (3) reason or purpose (e.g., business, education, recreation):

20. List any special skills you possess and machines and equipment you own use, such as operator of short-wave radio, multi-line teletypewriter, key punch, turret lathe, scientific or professional device:

Approximate number of words per minute in typing: **50** shorthand \_\_\_\_\_

13. **EXPERIENCES**—List all persons living in the United States or Territories of the United States who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of experiences listed under Item 16 (EXPERIENCE).

FULL NAME	BUSINESS OR HOME ADDRESS (Give complete address including street and number)	BUSINESS OR OCCUPATION
B. F. Small	Sycamore Bldg.—Terre Haute, Indiana	Atty
E. L. Zeigler	Cochran Bldg., Mayeville, Ky.	Atty
A. N. Thurston	C.I.O.—Washington, D. C.	

24. May inquiry be made of your present employer regarding your character, qualifications, etc?  Yes  No

Indicate "Yes" or "No" answer by placing X in proper column.

YES	NO	Indicate "Yes" or "No" answer by placing X in proper column.	YES	NO
-----	----	--	-----	----

25. Are you a citizen of the United States?	X	26. Do you advocate or have you ever advocated or are you now or have you ever been a member of any organization that advocates the overthrow of the Government of the United States by force or violence? If your answer is "Yes," give complete details in Item 38.	X	27. Within the past 12 months, have you habitually used intoxicating liquors or tobacco?	X	28. Since your 16th birthday, have you ever been convicted, or fined or imprisoned, or placed on probation, or have you ever been ordered to deposit bond for the violation of any law, peace regulation or ordinance (including minor traffic violations for which a fine of \$25 or less was imposed)? If your answer is "Yes," list all such cases under Item 30 below. Give in each case (1) the date; (2) a nature of the offense or violation; (3) the name and location of the court; (4) the penalty imposed, if any; or other disposition of the case. If appointed, your fingerprints will be taken.	X	29. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position? If your answer is "Yes," give in Item 30 the name and address of employer, date, and reason in each case.	X	30. Do you receive an annuity from the U. S. or D. C. Government under any retirement or for any pension or other compensation for military or naval service? If your answer is "Yes," give in Item 30 reason for retirement, that is, age, optional disability, or by reason of voluntary or involuntary separation after 3 years' service and award of retirement pay and under what retirement act, and rating if retired from military or naval service.	X	31. Are you an official or employee of any State, Territory, county, or municipality? If your answer is "Yes," give details in Item 30.	X	32. Does the U. S. Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 6 months? If your answer is "Yes," show in Item 30 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by whom employed; and (5) kind of appointment.	X	33. Have you ever had a nervous breakdown? If your answer is "Yes," give complete details in Item 30.	X	34. Have you ever had bad eyesight? If your answer is "Yes," give complete details in Item 30.	X	35. Space for detailed answers to other questions (indicate item number to which answers apply)	
---	---	--	---	--	---	---	---	--	---	---	---	--	---	--	---	--	---	---	---	---	--

35. Have you any physical defect or disability whatsoever?  
If your answer is "Yes," give complete details in Item 30.

36. (a) Were you ever in the United States Military or Naval Service during time of War?

(b) Is the word "honorable" or the word "satisfactory" used in your discharge or separation papers to show the type of your discharge or separation?

(c) Was service performed on an active full-time basis, with full military pay and allowances?

Date of entry or entries into service:	Date of separation or separations:

Branch of service (Army, Navy, M. C., C. G., etc.)	Serial No. (if none, give grade or rating at time of separation)

IF YOUR ANSWERS TO THIS QUESTION (No. 36) INDICATE THAT YOU ARE ENTITLED TO VETERAN PREFERENCE, SUCH PREFERENCE SHALL BE CONSIDERED IN THE EXAMINATION. IF APPOINTED, YOU WILL BE REQUIRED TO FURNISH TO THE APPOINTING OFFICE PRIOR TO ENTRY ON DUTY, OFFICIAL EVIDENCE OF SEPARATION FROM YOUR LATEST PERIOD OF ACTIVE SERVICE IN THE ARMED FORCES OF THE UNITED STATES DURING TIME OF WAR. DO NOT SUBMIT PROOF OF DISCHARGE OR SEPARATION WITH THIS APPLICATION.

Indicate "Yes" or "No" answer by placing X in proper column.

YES	NO
	X
	X
	X
	X

37. (a) If you served in the U. S. Military or Naval Service during peacetime ONLY, did you participate in a campaign or expedition and receive a campaign badge or service distinction?

(b) Are you a disabled veteran?

(c) Are you the unmarried widow of a veteran?

(d) Are you the wife of a veteran who has service-connected disability?

IF YOUR ANSWER TO QUESTION 37(a), (b), (c), OR (d) IS "YES" AND YOU WISH TO CLAIM VETERAN PREFERENCE, ATTACH TO THIS APPLICATION VETERAN PREFERENCE CLAIM (CIVIL SERVICE COMMISSION FORM 14) TOGETHER WITH THE NECESSARY PROOF SPECIFIED THEREIN.

**THIS SPACE FOR USE OF APPOINTING OFFICE ONLY**

The information contained in the answers to Question 35 above has been verified by comparison with the discharge certificate on \_\_\_\_\_ 19\_\_.

Agency \_\_\_\_\_ Date \_\_\_\_\_

38. Space for detailed answers to other questions (indicate item number to which answers apply)

ITEM No.	ITEM No.

If more space is required, use paper of the same size as this page. Write on each sheet your name, address, date of birth, and examination date. Attach to back of this application.

**FALSE STATEMENT ON THIS APPLICATION IS PUNISHABLE BY LAW (U. S. CODE, TITLE 18, SECTION 100)**

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Date \_\_\_\_\_ Signature of applicant \_\_\_\_\_  
(Give your name in INK (use given name, first, middle, and if married use your own given name))



## PERSONAL HISTORY STATEMENT

**INSTRUCTIONS:** ANSWER ALL QUESTIONS COMPLETELY. IF QUESTION DOES NOT APPLY WRITE "NOT APPLICABLE". WRITE "UNKNOWN" ONLY IF YOU DO NOT KNOW THE ANSWER AND CANNOT OBTAIN THE ANSWER FROM PERSONAL RECORDS. USE A SEPARATE SHEET OF PAPER FOR EXTRA DETAILS ON ANY QUESTION OR QUESTIONS FOR WHICH YOU DO NOT HAVE SUFFICIENT ROOM. ATTACH TWO RECENT-PASSPORT SIZE PICTURES TO THIS FORM. DATE TAKEN WRITTEN ON THE BACK OF EACH. TYPE, PRINT OR WRITE CAREFULLY; ILLEGIBLE OR INCOMPLETE FORMS WILL NOT RECEIVE CONSIDERATION.

HAVE YOU READ AND UNDERSTOOD THE ABOVE INSTRUCTIONS? YES  NO

### SECTION 1. PERSONAL BACKGROUND

NAME		FIRST	MIDDLE	LAST	TELEPHONE
MR. <input checked="" type="checkbox"/>	MRS. <input type="checkbox"/>	William	King	Harvey	CR 2914
PRESENT ADDRESS		STREET AND NUMBER	CITY	STATE	COUNTRY
2627		39th Street N.W.	Washington, D. C.		U.S.A.
LEGAL RESIDENCE		STREET AND NUMBER	CITY	STATE	COUNTRY
Moysville			Kentucky		U.S.A.
NICKNAMES		OTHER NAMES THAT YOU HAVE USED			
None		None			
UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE NAMES?				HOW LONG?	
None				None	
IF LEGAL CHANGE, GIVE PARTICULARS (WHERE, WHEN AND BY WHAT AUTHORITY)					
None					

DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY
9/13/15	Danville,	Indiana		U.S.A.
PRESENT CITIZENSHIP	ACQUIRED BY:			
US	BIRTH <input checked="" type="checkbox"/>	MARRIAGE <input type="checkbox"/>	NATURALIZATION <input type="checkbox"/>	
NATURALIZATION CERTIFICATE	NUMBER	DATE ISSUED	NAME OF COURT	
LOCATION OF COURT		CITY	STATE	COUNTRY
PREVIOUS CITIZENSHIP	DATE HELD	FROM:	TO:	
None				
OTHER CITIZENSHIPS (GIVE PARTICULARS)				
None				

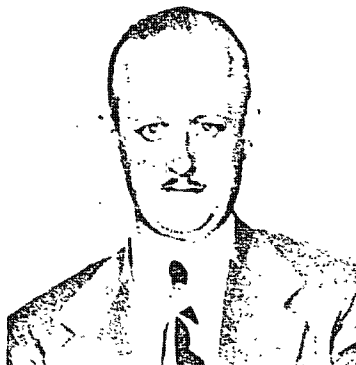
STEPS TAKEN TO CHANGE PRESENT NATIONALITY (GIVE PARTICULARS)

None			
LAST U.S. PASSPORT	NUMBER	DATE	PLACE OF ISSUE
	None		
ALL OTHER U.S. PASSPORTS YOU HAVE HAD (GIVE APPROXIMATE DATES)			
None			
PASSPORTS OF OTHER NATIONS			
None			

IF BORN OUTSIDE U.S.	DATE OF ARRIVAL IN THIS COUNTRY	PORT OF ENTRY	PASSPORT OF COUNTRY
LAST U.S. VISA	NUMBER	TYPE	DATE

### SECTION 2. PHYSICAL DESCRIPTION

AGE	SEX	HEIGHT	WEIGHT	EYES	HAIR
31	M	5'	185	Green	Blonde
COMPLEXION	SCARS	BUILD			
Fair	triangular scar rt. cheek	Medium stocky			
OTHER DISTINGUISHING FEATURES					
mustache					



SECTION 3. MARITAL STATUS						
MARRIED <input checked="" type="checkbox"/>	WIDOWED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	DATE OF SEPARATION OR DIVORCE	PLACE		
SINGLE <input type="checkbox"/>	DIVORCED <input type="checkbox"/>					
REASON FOR SEPARATION OR DIVORCE						
NOTE: IF YOU HAVE BEEN MARRIED MORE THAN ONCE USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND AND GIVE DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.						
NAME OF WIFE OR HUSBAND	FIRST	MIDDLE (FOR WIFE, MAIDEN)	LAST	DATE OF MARRIAGE		
	Elizabeth Howe	McIntire	Harvey	4/4/34		
PLACE OF MARRIAGE	(HIS OR HER ADDRESS BEFORE MARRIAGE)	STREET AND NUMBER	CITY	STATE	COUNTRY	
Bloomington, Indiana	Flemingsburg, Kentucky				U.S.A.	
LIVING <input checked="" type="checkbox"/>	DATE OF DECEASE	CAUSE				
PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY		
	267 39th Street N.W.	Washington, D. C.		U.S.A.		
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY		
2/3/16	Flemingsburg, Kentucky			U.S.A.		
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY	
USA	Birth					
OCCUPATION	LAST EMPLOYER					
Housewife	War Department - MDW - 1942-44					
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY		
	Pentagon Bldg	Washington D. C.		USA		
DATE OF MILITARY SERVICE	FROM:	TO:	BRANCH OF SERVICE	COUNTRY		
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)						
See above, War Dept., MDW - Washington, D. C. 1942-1944						
SECTION 4. CHILDREN OR DEPENDENTS (INCLUDE PARTIAL DEPENDENTS)						
NAME	RELATIONSHIP			AGE		
	NONE					
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY		
	NONE					
NAME	RELATIONSHIP			AGE		
	NONE					
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY		
	NONE					
NAME	RELATIONSHIP			AGE		
	NONE					
CITIZENSHIP	ADDRESS STREET AND NUMBER	CITY	STATE	COUNTRY		
	NONE					
SECTION 5. PARENTS						
NOTE: FOR STEPFATHER, STEPMOTHER AND/OR GUARDIAN, GIVE THE SAME INFORMATION AS REQUIRED BELOW ON SEPARATE SHEET						
NAME OF FATHER	FIRST	MIDDLE	LAST	LIVING <input type="checkbox"/>		
	Duncan	R. (only)	Harvey	DECEASED <input checked="" type="checkbox"/>		
DATE OF DECEASE	CAUSE					
7/25/16	Spinal Meningitis					
PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY		
	S. Tennessee St.	Danville, Indiana		U.S.A.		
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY		
1898	Danville	Indiana		U.S.A.		
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY	
USA	Birth					
OCCUPATION	LAST EMPLOYER					
Attorney	Self					
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY		
	Danville	Indiana		U.S.A.		
SECTION 5. PARENTS (CONTINUED)						

SECTION 5. PARENTS (CONTINUED FROM PAGE 2)					
DATE OF MILITARY SERVICE	FROM	TO	BRANCH OR SERVICE	COUNTRY	
None					
OTHER GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)					
None					
NAME OF MOTHER	FIRST	MAIDEN	LAST	LIVING	DECEASED
Sara	Jewel	King	Ervey	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DATE OF DECEASE	CAUSE				
-					
PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
607 1/2 South Center Street Terre Haute, Indiana U.S.A.					
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY	
1890	Drville	Indiana		U.S.A.	
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth				
OCCUPATION	LAST EMPLOYER				
Professor	Indiana State Teachers College				
EMPLOYER'S OR OWN BUSINESS ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
Terre Haute, Indiana U.S.A.					
GOVERNMENT SERVICE, U.S. OR FOREIGN (GIVE DETAILS)					
None					
SECTION 6. BROTHERS AND SISTERS (INCLUDING HALF-, STEP-, AND ADOPTED BROTHERS AND SISTERS)					
NAME	FIRST	MIDDLE	LAST		
None					
PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
NAME	FIRST	MIDDLE	LAST		
None					
PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
NAME	FIRST	MIDDLE	LAST		
PRESENT ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
SECTION 7. PARENTS-IN-LAW					
NAME OF FATHER-IN-LAW	FIRST	MIDDLE	LAST	LIVING	DECEASED
James	Marvin		McIntire, Sr.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DATE OF DECEASE	CAUSE				
-					
PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
480 Mt. Carmel Avenue Flemingsburg, Kentucky USA					
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY	
1890	Fleming County, Kentucky			USA	
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth				
OCCUPATION	LAST EMPLOYER				
Attorney	Self				
NAME OF MOTHER-IN-LAW	FIRST	MAIDEN	LAST	LIVING	DECEASED
Nannie	Ross		McIntire	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DATE OF DECEASE	CAUSE				
1942	Arterio-sclerosis				
PRESENT OR LAST ADDRESS	STREET AND NUMBER	CITY	STATE	COUNTRY	
480 Mt. Carmel Avenue Flemingsburg, Kentucky USA					
DATE OF BIRTH	PLACE OF BIRTH	CITY	STATE	COUNTRY	
1886	Fleming County, Kentucky			USA	
CITIZENSHIP	DATE ACQUIRED	WHERE ACQUIRED	CITY	STATE	COUNTRY
USA	Birth				
OCCUPATION	LAST EMPLOYER				
Housewife					

**SECTION 8. RELATIVES**

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD, MARRIAGE, OR ADOPTION, WHO LIVE ABROAD, ARE UNDER THE INFLUENCE OF A FOREIGN POWER, ARE NOT CITIZENS OF THE UNITED STATES, OR ARE MARRIED TO NON-CITIZENS.

NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	

REASON FOR LISTING UNDER THIS QUESTION

NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	

REASON FOR LISTING UNDER THIS QUESTION

NAME NONE	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	

REASON FOR LISTING UNDER THIS QUESTION

NOTE: INDICATE BELOW THE RELATIVES BY BLOOD OR MARRIAGE, IN MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE (UNITED STATES OR FOREIGN)

NAME Dwight Harvey	RELATIONSHIP Cousin	AGE 45 approx.
CITIZENSHIP USA-Birth	ADDRESS STREET AND NUMBER CITY STATE COUNTRY Not known to me is present	

TYPE AND LOCATION OF SERVICE (IF KNOWN)  
Colonel - U.S. Army

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	

TYPE AND LOCATION OF SERVICE (IF KNOWN)

NAME	RELATIONSHIP	AGE
CITIZENSHIP	ADDRESS STREET AND NUMBER CITY STATE COUNTRY	

TYPE AND LOCATION OF SERVICE (IF KNOWN)

**SECTION 9. EDUCATION**

SCHOOL Public Schools	ADDRESS Danville, Indiana	CITY Terre Haute, Indiana	STATE	COUNTRY USA
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DATES ATTENDED FROM 1921 TO 1928	DEGREE 8 yrs. Elementary Credit
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SCHOOL Wiley High School	ADDRESS Terre Haute, Indiana	CITY	STATE	COUNTRY USA
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DATES ATTENDED FROM 1928 TO 1931	DEGREE H.S. Diploma
-------------------------------------	------------------------

COLLEGE Indiana University	ADDRESS Bloomington Indiana	CITY	STATE	COUNTRY USA
-------------------------------	--------------------------------	------	-------	----------------

DATES ATTENDED FROM 1933 TO 1937	DEGREE L.B. with Distinction (5 yrs. credit)
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COLLEGE	ADDRESS	CITY	STATE	COUNTRY
---------	---------	------	-------	---------

DATES ATTENDED FROM - TO -	DEGREE
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**SECTION 10. SELECTIVE SERVICE**

<b>SECTION 10: SELECTIVE SERVICE (U.S. CITIZENS ONLY)</b>			
CLASSIFICATION <b>II-A</b>	ORDER NUMBER <b>1104</b>	APPROXIMATE INDUCTION DATE <b>None</b>	BOARD NUMBER <b>E 113</b>
ADDRESS OF BOARD <b>Mayville, Mason County, Kentucky</b>		CITY <b>Mayville</b>	STATE <b>USA</b>
IF DEFERRED, STATE REASON <b>Yes, 1943-1947 Special Agent - FBI - US Dept of Justice</b>			
<b>SECTION 11: MILITARY, NAVAL OR OTHER GOVERNMENT SERVICE - UNITED STATES OR FOREIGN</b>			
COUNTRY <b>USA</b>	SERVICE <b>FBI-US D of J</b>	SERVICE DATES FROM: <b>12/9/40</b> TO: <b>8/22/47</b>	
GRADE <b>Special Agent</b>	SERIAL NUMBER -----	TYPE OF DISCHARGE <b>Voluntary Resignation</b>	
LAST STATION <b>Washington, D. C.</b>		COMMANDING OFFICER -----	
REMARKS:			
<b>SECTION 12: CHRONOLOGICAL HISTORY OF EMPLOYMENT (USE ADDITIONAL SHEET IF NECESSARY)</b>			
NOTE: INCLUDE BELOW PERIODS OF UNEMPLOYMENT AND CASUAL EMPLOYMENT. GIVE ADDRESS AND STATE WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT. INCLUDE LAST 5 POSITIONS AND COVER AT LEAST 15 YEARS.			
EMPLOYER <b>R. H. King Construction Co.</b>		JOB TITLE <b>Laborer</b>	
ADDRESS <b>Danville, Indiana</b>		KIND OF BUSINESS <b>Bridge Construction</b>	
YOUR DUTIES AND SPECIALITY <b>Construction Worker</b>		NAME OF SUPERVISOR <b>R. H. King</b>	
DATES COVERED FROM: <b>5/26</b> TO: <b>9/26</b>	SALARY <b>\$10</b>	PER <b>week</b>	
REASONS FOR LEAVING <b>Return to school</b>			
EMPLOYER <b>Danville Gazette</b>		JOB TITLE <b>Reporter &amp; Printer</b>	
ADDRESS <b>Danville, Indiana</b>		KIND OF BUSINESS <b>Newspaper</b>	
YOUR DUTIES AND SPECIALITY <b>Editorial and Mechanical Work</b>		NAME OF SUPERVISOR <b>Alvin Hall, Editor</b>	
DATES COVERED FROM: <b>1931</b> TO: <b>1933</b>	SALARY <b>\$10-\$15</b>	PER <b>week</b>	
REASONS FOR LEAVING <b>To Enter University</b>			
EMPLOYER <b>Indiana University</b>		JOB TITLE <b>Publicity Writer</b>	
ADDRESS <b>Bloomington, Indiana</b>		KIND OF BUSINESS <b>See above</b>	
YOUR DUTIES AND SPECIALITY <b>Writing Athletic Publicity</b>		NAME OF SUPERVISOR <b>Various</b>	
DATES COVERED FROM: <b>Partime 1934</b> TO: <b>1935</b>	SALARY <b>\$10-(Approx)</b>	PER <b>week</b>	
REASONS FOR LEAVING <b>Voluntary Resignation</b>			
EMPLOYER <b>Self</b>		JOB TITLE <b>Attorney-at-law</b>	
ADDRESS <b>210 Covart Street, Mayville, Ky</b>		KIND OF BUSINESS <b>Practice of Law</b>	

SECTION 12. CHRONOLOGICAL HISTORY OF EMPLOYMENT (CONTINUED FROM PAGE 5)				
YOUR DUTIES AND SPECIALITY			NAME OF SUPERVISOR	
General Legal Practice			None	
DATE COVERED	FROM	TO	SALARY	PER
	1937	1940	\$1500-2200	year
REASONS FOR LEAVING				
To enter FBI				
EMPLOYER			JOB TITLE	
Federal Bureau of Investigation			Special Agent & Supervisor	
ADDRESS STREET AND NUMBER			KIND OF BUSINESS	
Department of Justice Bldg. Washington, D. C.			Law Enforcement and counter intelligence	
YOUR DUTIES AND SPECIALITY			NAME OF SUPERVISOR	
Counter-Intelligence			J. Edgar Hoover	
DATE COVERED	FROM	TO	SALARY	PER
	12/9/40	8/22/47	\$3200-\$7000	Annual
REASONS FOR LEAVING				
Voluntary Resignation				
EMPLOYER			JOB TITLE	
ADDRESS STREET AND NUMBER			KIND OF BUSINESS	
YOUR DUTIES AND SPECIALITY			NAME OF SUPERVISOR	
DATE COVERED	FROM	TO	SALARY	PER
REASONS FOR LEAVING				
NOTE: IN SPACE BELOW GIVE DETAILS CONCERNING ANY POSITION FROM WHICH YOU MAY HAVE BEEN DISCHARGED OR WHICH YOU MAY HAVE LEFT UNDER CIRCUMSTANCES WHICH WERE NOT ENTIRELY FAVORABLE.				
DETAILS:				
Absolutely None				
SECTION 13. CHARACTER REFERENCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER CITY STATE			
D. F. Scwell	Jarsay Ridge Rd. Maysville, Ky.			
B. F. Scull, Atty	Sycamore Bldg. Terre Haute Indiana			
J. H. Finch, Sr.	Bank of Maysville Maysville, Ky.			
Harry Stewart	Chief of Police PD Maysville, Ky.			
E. L. Zeigler, Atty	Cochran Bldg. Maysville, KY			
SECTION 14. SOCIAL ACQUAINTANCES-FIVE IN THE UNITED STATES (GIVE BUSINESS ADDRESS WHERE POSSIBLE)				
NAME	ADDRESS STREET AND NUMBER CITY STATE			
A. H. Thurston	§ C.I.O. Washington, D. C.			
Matthew McPaire	U.S. District Court Washington, D. C.			
J. A. Bennet, Lt. Col.	Andrews Field, Maryland			
L. Whitson	Room 1734 Dept. of Justice Washington, D. C.			
SECTION 15. NEIGHBORS-THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)				

SECTION 15. NEIGHBORS—THREE IN THE UNITED STATES (AT YOUR LAST NORMAL ADDRESS)					
NAME	ADDRESS—STREET AND NUMBER	CITY	STATE		
Richard Frear	2627 39th St. N.W.	Washington	D. C.		
John Holzberg	2629 39th St. N.W.	Washington	D. C.		
Richard Callahan	2629 39th St. N.W.	Washington	D. C.		
SECTION 16. MISCELLANEOUS					
DID YOU EVER HAVE OR DO YOU NOW HAVE MEMBERSHIP IN, OR SUPPORT ANY POLITICAL PARTY OR ORGANIZATION WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>					
IF ANSWER IS "YES" EXPLAIN BELOW:					
DO YOU USE, OR HAVE YOU USED INTOXICANTS? <b>In Moderation</b>					
HAVE YOU EVER BEEN ARRESTED, INDICTED OR CONVICTED FOR ANY VIOLATION OF LAW OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, STATE NAME OF COURT, CITY, STATE, COUNTRY, NATURE OF OFFENCE, AND DISPOSITION OF CASE.					
NO					
HAVE YOU EVER BEEN COURT-MARTIALED WHILE A MEMBER OF THE ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
IF ANSWER IS "YES", GIVE DETAILS BELOW:					
SECTION 17. FINANCIAL BACKGROUND					
ARE YOU ENTIRELY DEPENDENT ON YOUR SALARY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF ANSWER IS "NO", STATE SOURCES OF OTHER INCOME.					
NAMES OF BANKS WITH WHICH YOU HAVE ACCOUNTS					
Peoples Bank of Fleming County, Flemingsburg, Kentucky					
State National Bank, Raysville, Kentucky (Acetrecently closed)					
HAVE YOU EVER BEEN IN BANKRUPTCY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF ANSWER IS "YES", GIVE PARTICULARS:					
SECTION 18. CREDIT REFERENCES—THREE IN THE UNITED STATES					
NAME	ADDRESS—STREET AND NUMBER	CITY	STATE		
Peoples Bank of Fleming County	Flemingsburg	Kentucky			
NAME	ADDRESS—STREET AND NUMBER	CITY	STATE		
State National Bank	Raysville	Kentucky			
NAME	ADDRESS—STREET AND NUMBER	CITY	STATE		
J. Garfinkel & Co.	Washington	D. C.			
SECTION 19. RESIDENCES FOR PAST 25 YEARS					
FROM	TO	ADDRESS—STREET AND NUMBER	CITY	STATE	COUNTRY
3/1942	late	2627 39th St. N.W.	Washington	D. C.	
FROM	TO	ADDRESS—STREET AND NUMBER	CITY	STATE	COUNTRY
2/1942	3/1942	Grace Court, Center Avenue	Pittsburgh	Pa.	
FROM	TO	ADDRESS—STREET AND NUMBER	CITY	STATE	COUNTRY
1/41	2/1942	45-71 Albertson Street	Albany	L.O. N.Y.C.	N.Y.

(CONTINUED TO PAGE 8)

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SECTION 23. GENERAL QUALIFICATION

INDICATE ANY SPECIAL KNOWLEDGE OR TRAINING YOU HAVE, ALSO, SET FORTH ANY QUALIFICATIONS AS A RESULT OF TRAINING OR EXPERIENCE, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION.

Specialist in counter intelligence, operations, analysis, and evaluation

SECTION 24. SPORTS AND HOBBIES

Fishing, hunting, firearms

SECTION 25. EMERGENCY ADDRESSEE

NAME Mrs. Elizabeth M. Harvey		RELATIONSHIP wife	
ADDRESS STREET AND NUMBER 2527 39th Street N.W.	CITY Washington, D. C.	STATE	COUNTRY OR 2014

SECTION 26. INFORMATION AND FINAL COMMENTS

NOTE: YOU ARE INFORMED THAT CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED, AND YOU ARE INVITED TO MAKE ANY CHANGES (OR ADDITIONS) IN YOUR STATEMENTS THAT YOU MAY THINK ADVISABLE.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION, IF SO, DESCRIBE, IF NOT, ANSWER, "NO".

NOTE

SECTION 27. CERTIFICATION

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY INTENTIONAL MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR MY IMMEDIATE DISMISSAL.

SIGNED AT \_\_\_\_\_ DATE \_\_\_\_\_  
 City State  
 \_\_\_\_\_  
 Witness Signature of Applicant

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT OF WILLIAM KING HARVEY

**PERSONAL:** Birth: September 13, 1915 Place: Danville, Indiana  
Log Res: Maysville, Kentucky

**PARENTAGE:** Father: Drenan R. Harvey Place: Danville, Indiana  
Birth: 1888  
Mother: Sara Jewel King Harvey Place: Danville, Indiana  
Birth: 1890

**RELATIVES ABROAD:** None

**EDUCATION:** Wiley High School, Terre Haute, Indiana  
Dates: 1928 to 1931  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937 LLB degree

**EXPERIENCE:** Danville Gazette - Newspaper, Danville, Indiana  
Dates: 1931 to 1933  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937  
Practice of Law, Maysville, Kentucky  
Dates: 1937 to 1940  
F.B.I., Special Agent  
Dates: 1940 to August 22, 1947

**MILITARY:** None

**TRAVEL:** Visited Canada for one month in September 1940 on vacation.

**MARITAL STATUS:** Married to: Elisabeth Howe McIntire Harvey  
Birth: February 3, 1916 Place: Flemingsburg, Kentucky  
Dependents: None besides wife  
Father-in-law: James Marvin McIntire, Ky.  
Birth: 1880 Place: Fleming County, Ky.  
Mother-in-law: Mannie Ross McIntire - now deceased  
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.  
Washington, D. C. Tel: ORday 2914

Emergency Addressee: Mrs. Elisabeth M. Harvey  
2627 - 39th St., N. W.  
Washington, D. C. Tel: ORday 2914

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT ON WILLIAM KING HARVEY

**PERSONAL:** Birth: September 13, 1915 Place: Danville, Indiana  
Log Res: Mayeville, Kentucky

**PARENTAGE:** Father: Dronan R. Harvey  
Birth: 1888 Place: Danville, Indiana  
Mother: Sara Jewel King Harvey  
Birth: 1890 Place: Danville, Indiana

**RELATIVES**  
**ABROAD:** None

**EDUCATION:** Wiley High School, Terre Haute, Indiana  
Dates: 1928 to 1931  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937 LLB degree

**EXPERIENCE:** Danville Gazette - Newspaper, Danville, Indiana  
Dates: 1911 to 1933  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937  
Practice of Law, Mayeville, Kentucky  
Dates: 1937 to 1940  
F.B.I., Special Agent  
Dates: 1940 to August 22, 1947

**MILITARY:** None

**TRAVEL:** Visited Canada for one month in September 1940 on vacation.

**MARITAL STATUS:** Married to: Elizabeth Howe McIntire Harvey  
Birth: February 3, 1916 Place: Flemingsburg, Kentucky  
Dependents: None besides wife  
Father-in-law: James Marvin McIntire, Sr.  
Birth: 1880 Place: Fleming County, Ky.  
Mother-in-law: Hannie Ross McIntire - now deceased  
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.  
Washington, D. C. Tel: ORdway 2914

Emergency Addressee: Mrs. Elizabeth H. Harvey  
2627 - 39th St., N. W.  
Washington, D. C. Tel: ORdway 2914

SECRET

27 August 1947

PERSONAL HISTORY STATEMENT OF WILLIAM KING HARVEY

**PERSONAL:** Birth: September 13, 1915 Place: Danville, Indiana  
Lug Res: Maysville, Kentucky

**PARENTAGE:** Father: Drenan R. Harvey Place: Danville, Indiana  
Birth: 1888  
Mother: Sara Jewel King Harvey Place: Danville, Indiana  
Birth: 1890

**RELATIVES**  
**ABROAD:** None

**EDUCATION:** Wiley High School, Terre Haute, Indiana  
Dates: 1928 to 1931  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937 LLB degree

**EXPERIENCE:** Danville Gazette - Newspaper, Danville, Indiana  
Dates: 1911 to 1933  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937  
Practice of Law, Maysville, Kentucky  
Dates: 1937 to 1940  
F.B.I., Special Agent  
Dates: 1940 to August 22, 1947

**MILITARY:** None

**TRAVEL:** Visited Canada for one month in September 1940 on vacation.

**MARITAL STATUS:** Married to: Elisabeth Howe McIntire Harvey  
Birth: February 3, 1916 Place: Flemingsburg, Kentucky  
Dependents: None besides wife  
Father-in-law: James Marvin McIntire, Sr.  
Birth: 1880 Place: Fleming County, Ky.  
Mother-in-law: Marnie Ross McIntire - now deceased  
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.  
Washington, D. C. Tel: Ordway 2914

Emergency Addressee: Mrs. Elisabeth H. Harvey  
2627 - 39th St., N. W.  
Washington, D. C. Tel: Ordway 2914

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SECRET

27 August 1947

PERSONAL HISTORY STATEMENT OF WILLIAM KING HARVEY

**PERSONAL:** Birth: September 13, 1915 Place: Danville, Indiana  
Log Res: Mayville, Kentucky

**PARENTAGE:** Father: Drenan R. Harvey Place: Danville, Indiana  
Birth: 1888  
Mother: Sara Jewel King Harvey Place: Danville, Indiana  
Birth: 1890

**RELATIVES**  
**ABROAD:** None

**EDUCATION:** Wiley High School, Terre Haute, Indiana  
Dates: 1928 to 1931  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937 LLB degree

**EXPERIENCE:** Danville Gazette - Newspaper, Danville, Indiana  
Dates: 1931 to 1933  
Indiana University, Bloomington, Indiana  
Dates: 1933 to 1937  
Practice of Law, Mayville, Kentucky  
Dates: 1937 to 1940  
F.B.I., Special Agent  
Dates: 1940 to August 22, 1947

**MILITARY:** None

**TRAVEL:** Visited Canada for one month in September 1940 on vacation.

**MARITAL**  
**STATUS:** Married to: Elisabeth Howe McIntire Harvey  
Birth: February 3, 1916 Place: Flemingsburg, Kentucky  
Dependents: None besides wife  
Father-in-law: James Marvin McIntire, Sr.  
Birth: 1880 Place: Fleming County, Ky.  
Mother-in-law: Maude Ross McIntire - now deceased  
Birth: 1886 Place: Fleming County, Ky.

Washington address and telephone number:

2627 - 39th St., N. W.  
Washington, D. C. Tel: Ordway 2914

Emergency Addresses: Mrs. Elisabeth M. Harvey  
2627 - 39th St., N. W.  
Washington, D. C. Tel: Ordway 2914

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CONFIDENTIAL

SECURITY OFFICE

CONFIDENTIAL

Investigation Report

Date: October 8, 1947

Number: 52814

Subject: HARVEY, William King

To: CPD (2)

- 1. Investigation directed by: RAC
- 2. Sources of information: OSO
- 3. Remarks

4. Recommendation:

SECURITY APPROVAL RECOMMENDED, THOUGH SUBJECT  
 IN POSSESSION OF DEROGATORY INFORMATION AT SOME  
 RE DATE. INTERVIEW WAIVED.  
 APPROVAL VALID FOR THE APPLICANT EMPLOYED UPON DUTY WITHIN  
 30 DAYS FROM ABOVE DATE. THIS APPROVAL BECOMES  
 INVALID.

*Branch notified of  
 this report (copy) sent to  
 Special Agent 9 Oct. 1947.*

CC: Mr. Judson H. Lightsey

By RHC/Jan  
 Security Officer  
 ROBERT H. CUMMINGS

CONFIDENTIAL

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(1784)

MEMORANDUM

Re: William King Harvey

A complete and thorough investigation has been conducted on this employee and he was found suitable for employment in this agency.

SECRET  
SECURITY INFORMATION

TO : Chief, Communications  
Acting  
FROM : Chief, Security Division  
SUBJECT: HARVEY, William King  
3251h

DATE: 8 August 1952

In reply to your memorandum this is to advise that subject meets the current requirements for cryptographic clearance and is approved for such duties as of this date.

*E. P. Geiss*  
E. P. Geiss

SECRET



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